PLEASANT VALLEY HOSPITAL

2022 Community Health Needs Assessment
Final Report





Table of Contents

Our Commitment to Community Health

Pleasant Valley Hospital (PVH) is a not-for-profit acute care hospital in Point Pleasant, West Virginia. Built by the community for the community in 1959, PVH remains true to its original mission today - *To provide a culture of safety and quality healthcare services to the communities we serve*.

As our region has grown, so has PVH. Through our partnership with Mountain Health Network (MHN), we have not only increased the depth of our core services but have also developed specialty services to provide truly comprehensive care to our communities. Our providers and staff work closely with Cabell Huntington Hospital, St. Mary's Medical Center, Huntington Internal Medicine Group (HIMG), and Marshall Health to offer the latest treatments, equipment, and technology to our patients. When the extensive resources of tertiary care and academic medical centers are needed, we are able to make the transition to a MHN facility as smooth as possible for patients and their families.

With a full spectrum of services and programs, a highly trained staff, and the care and comfort you'd expect from a neighborhood hospital, our facility continues to expand and improve. You, our patients, are our priority. We are listening to you, and we are constantly striving to improve care based on your feedback and healthcare needs. At PVH, we are committed to the unique needs of our community. It is our honor and pleasure to serve you.

Every three years, PVH conducts a Community Health Needs Assessment (CHNA) to better understand and respond to the health and wellness concerns for our community. The 2022 CHNA builds upon previous assessments and will continue to guide our community benefit and community health improvement efforts. The 2022 CHNA focused on the health needs of all residents of Mason County, as well as neighboring Gallia and Meigs counties in Ohio.

We invite our community partners to learn more about the CHNA and opportunities for collaboration to address identified health needs. Please visit our website to learn more: pvalley.org.

2022 CHNA Executive Summary

CHNA Leadership

The 2022 CHNA was overseen by a planning committee of representatives of PVH and MHN, with feedback from community stakeholders. These individuals served as liaisons to the hospital and the communities it serves.

CHNA Planning Committee
Jeff Noblin, FACHE, Chief Executive Officer, Pleasant Valley Hospital
Rachel Ayers, Marketing and Community Relations Coordinator, Pleasant Valley Hospital
Lisa Chamberlin Stump, Chief Strategy Officer, Mountain Health Network
Rebecca Bookwalter, Marketing Research & Analytics Manager, Mountain Health Network

Our Research Partner

Pleasant Valley Hospital contracted with Community Research Consulting to conduct the CHNA. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Our interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.

Community Research Consulting LLC

Methodology and Community Engagement

The 2022 CHNA included quantitative research methods and community conversations to determine health trends and disparities affecting Gallia, Mason, and Meigs county residents. Through a comprehensive view of statistical health indicators and community stakeholder feedback, a profile of priority areas was determined. The findings will guide healthcare services and health improvement efforts, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by health and social service partners.

Community engagement was an integral part of the 2022 CHNA. In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, as well as underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities and inequities.

The following research methods were used to determine community health needs:

- Statistical analysis of demographic, socioeconomic, and health indicators
- An online Key Stakeholder Survey with community representatives to solicit information about local health needs and opportunities for improvement
- Partner Meeting conducted with community agency representatives to engage them in the CHNA and garner insight on community health challenges and opportunities for partnership
- Focus Group with community members to better understand healthcare access barriers and preferences

Community Health Priorities

To work toward health equity, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within the community. Priorities were determined by leadership of PVH, taking into consideration research findings and feedback from community stakeholders.

Using feedback from community partners and stakeholders and taking into account the hospital's expertise and resources, PVH will focus efforts on the following community health priorities as part of its 2022-2025 Community Health Implementation Plan:

- Behavioral health
- Substance use disorder
- Chronic disease prevention and management

Board Approval

The 2022 CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA and develop a corresponding Community Health Improvement Plan (CHIP) every three years as set forth by the Affordable Care Act (ACA). The research findings and plan will be used to guide community benefit initiatives for PVH and engage local partners to collectively address identified health needs.

Pleasant Valley Hospital is committed to advancing initiatives and community collaboration to support the issues identified through the CHNA. The 2022 CHNA report and CHIP were presented to the PVH Board of Directors and approved in September 2022.

Following the Board's approval, the CHNA and CHIP reports were made available to the public via the PVH website at pvalley.org.

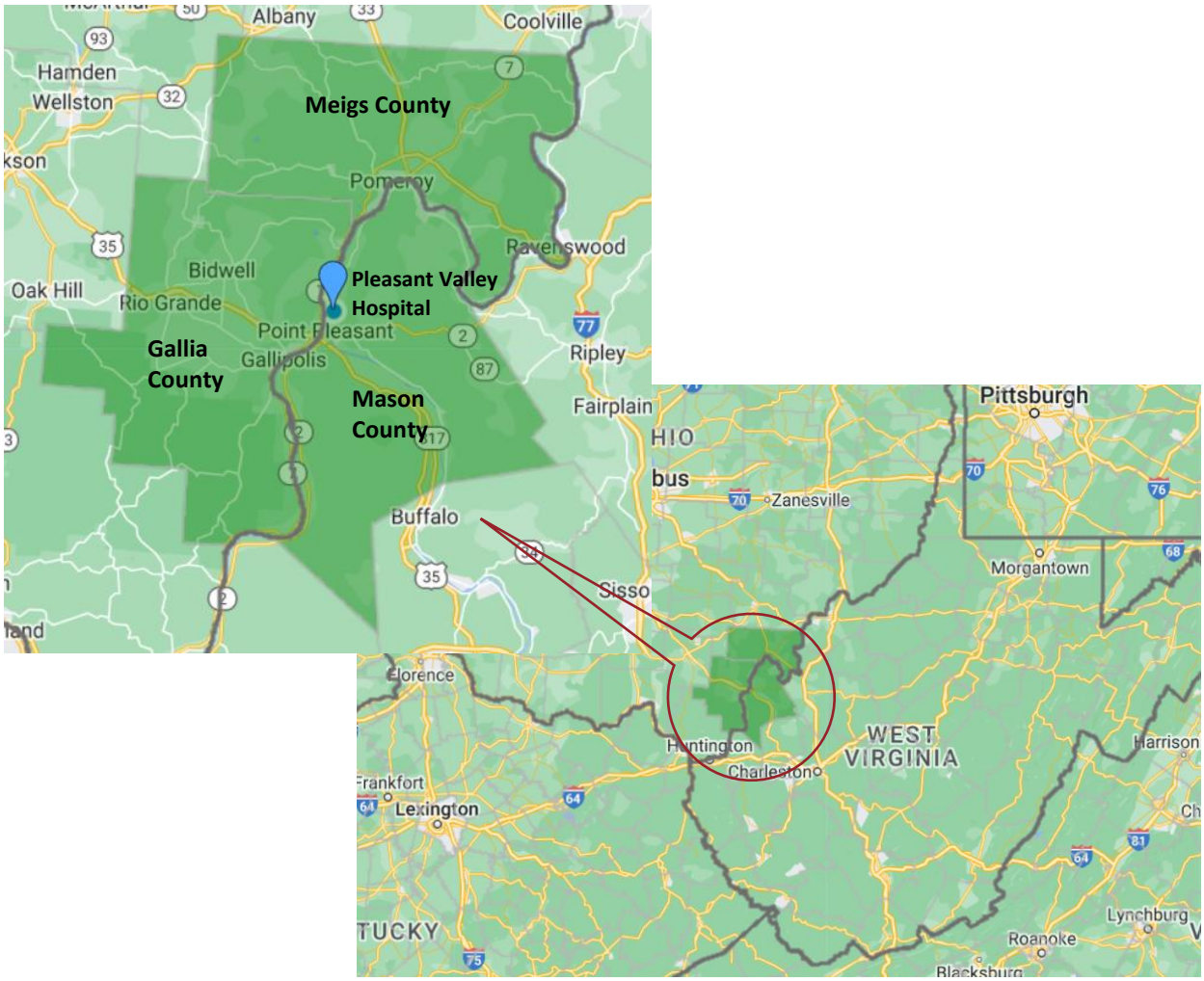
Pleasant Valley Hospital Service Area Description

Pleasant Valley Hospital is a not-for-profit entity that first opened its doors in 1959. The hospital primarily serves residents of Mason and Jackson Counties in West Virginia, as well as Gallia and Meigs Counties in Ohio. This CHNA primarily focuses on Mason County in West Virginia and the surrounding Ohio counties of Gallia and Meigs, as shown in the map below. The hospital is located in Point Pleasant, the county seat of Mason County.

Located at the confluence of the scenic Ohio and Kanawha rivers, the City of Point Pleasant offers a friendly, small-town atmosphere along with a unique history. The Battle of Point Pleasant (October 10, 1774), fought between Virginia militiamen and an Algonquin confederation of Shawnee and Mingo warriors, is celebrated as the First Battle of the American Revolutionary War.

Point Pleasant has historically been an important transportation hub, dating back to colonial times. Today, it boasts rich natural beauty and attractions, with great festivals, museums, restaurants, and more.

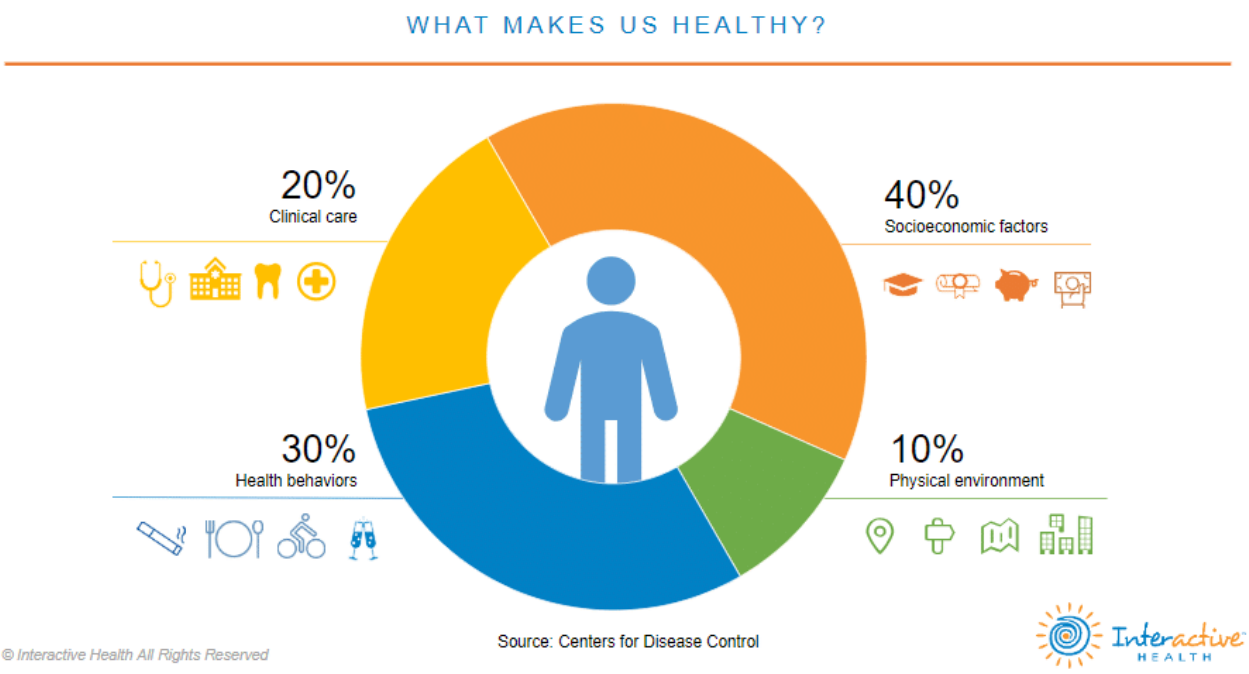
Pleasant Valley Hospital Service Area



Social Determinants of Health: The connection between our communities and our health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the Centers for Disease Control and Prevention's national benchmark for health, recognizes SDoH as central to its framework, naming "social and physical environments that promote good health for all" as one of the four overarching goals for the decade. Healthy People 2030 outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

The mix of ingredients that influence each person's overall health profile include individual behaviors, clinical care, environmental factors, and social circumstance. While health improvement efforts have historically targeted health behaviors and clinical care, public health agencies, including the US Centers for Disease Control and Prevention (CDC), widely hold that at least **50% of a person's health profile is determined by SDoH.**



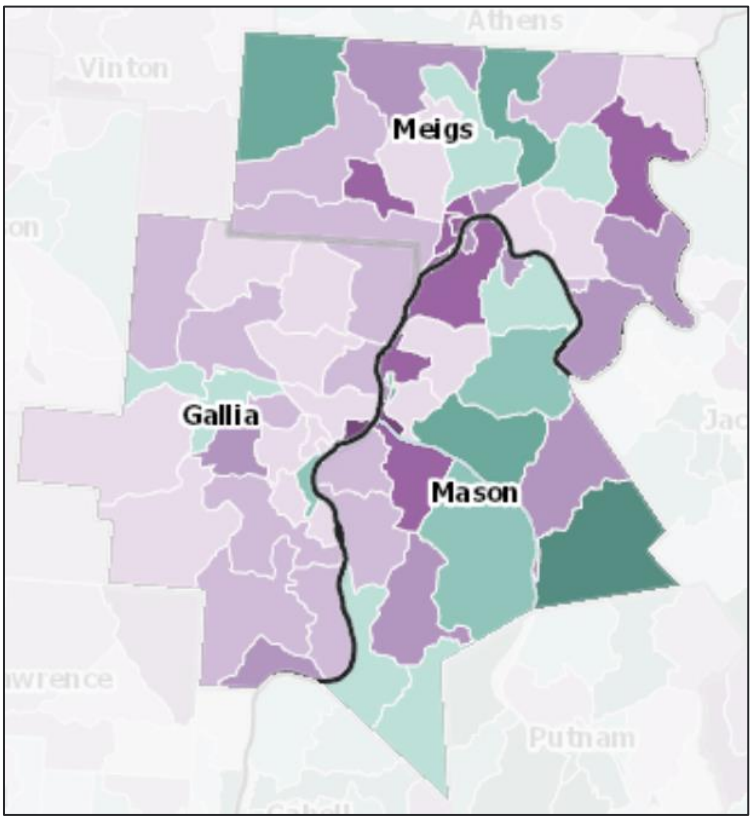
Addressing SDoH is a primary approach to achieving *health equity.* Health equity encompasses a wide range of social, economic, and health measures but can be simply defined as "a fair opportunity for every person to be as healthy as possible." In order to achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination like power and wealth distribution, education attainment, job opportunities, housing, and safe environments, to build a healthier community for all people now and in the future.

Understanding Health Equity

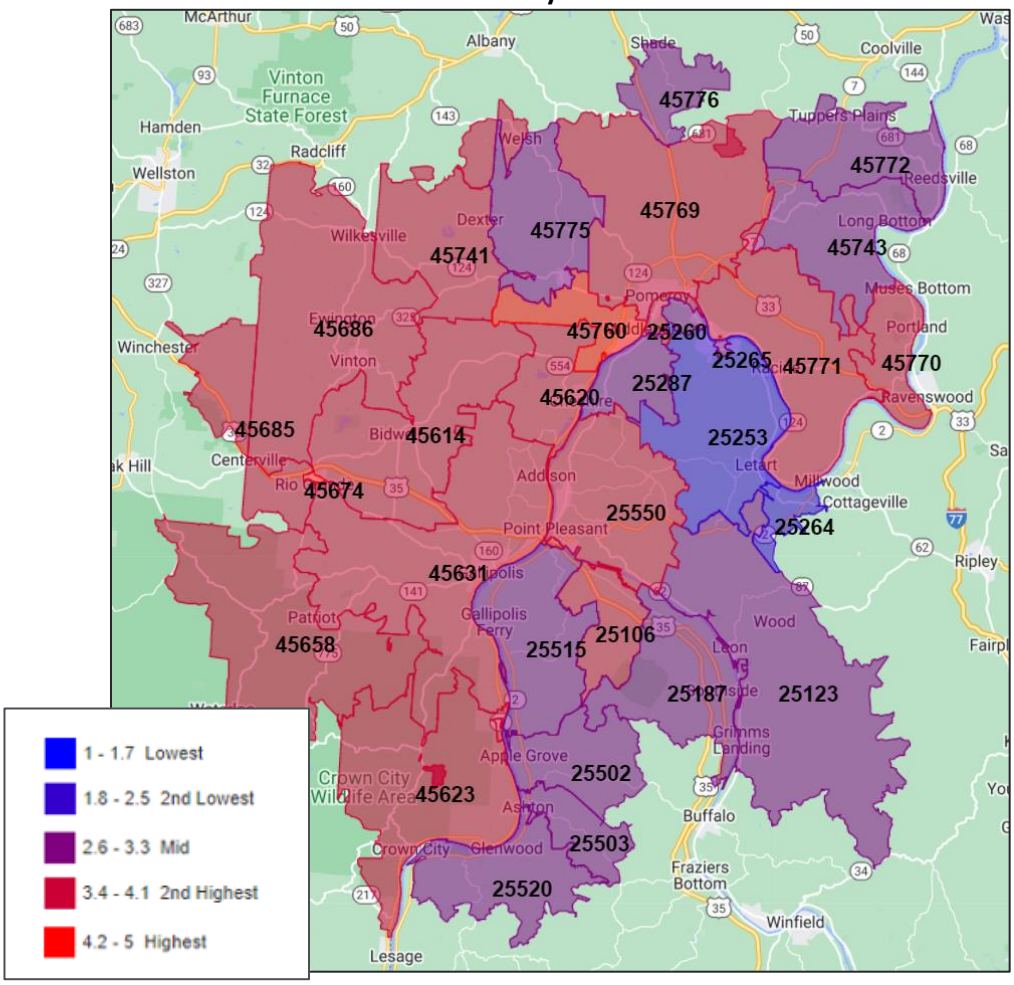
A host of indexes are available to illustrate the potential for health disparities and inequities at the community-level based on SDoH. A description of each index is provided below followed by data visualizations of each tool that show how well the region fares compared to state and national benchmarks.

- **Area Deprivation Index (ADI)**: The ADI provides a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. ADI scores are displayed on a scale from 1 (least disadvantaged) to 10 (most disadvantaged). A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.
- **Community Need Index (CNI)**: The CNI is a zip code-based index of community socioeconomic need calculated nationwide. The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI weights, indexes, and scores zip codes by socioeconomic barriers, including income, culture, education, insurance, and housing.
- **Racial Disparities and Disproportionality Index (RDDI):** The RDDI was developed by the Corporation for Supportive Housing (CSH) to measure whether a racial and/or ethnic group's representation in a particular public system is proportionate to their representation in the overall population. The index can be viewed as the likelihood of one group experiencing an event, compared to the likelihood of another group experiencing that same event.

Area Deprivation Index



Community Need Index



Zip Code	Town	County	CNI Score	Zip Code	Town	County	CNI Score
25253	Letart	Mason	2.2	25264	Mount Alto	Mason	2.2
45743	Long Bottom	Meigs	2.6	25520	Glenwood	Mason	2.8
45772	Reedsville	Meigs	2.6	45775	Rutland	Meigs	3.0
25123	Leon	Mason	2.6	45776	Shade	Meigs	3.0
25187	Southside	Mason	2.8	25287	West Columbia	Mason	3.0
25502	Apple Grove	Mason	2.8	25265	New Haven	Mason	3.2
25503	Ashton	Mason	2.8	25515	Gallipolis Ferry	Mason	3.2
45623	Crown City	Gallia	3.4	25106	Henderson	Mason	3.4
45658	Patriot	Gallia	3.4	25260	Mason	Mason	3.4
45620	Cheshire	Gallia	3.4	25550	Point Pleasant	Mason	3.4
45770	Portland	Meigs	3.4	45614	Bidwell	Gallia	3.6
45771	Racine	Meigs	3.4	45685	Thurman	Gallia	3.6
45741	Langsville	Meigs	3.4	45631	Gallipolis	Gallia	3.8
45686	Vinton	Gallia	3.4	45769	Pomeroy	Meigs	3.8
45674	Rio Grande	Gallia	4.2	45760	Middleport	Meigs	4.2

Gallia and Meigs counties have an average CNI score of 3.5 and 3.4, respectively, indicating higher community socioeconomic need. Within the counties, Rio Grande in Gallia and Middleport in Meigs have the highest CNI scores in the region of 4.2, largely due to higher concentrations of poverty. Approximately 30% of all Rio Grande residents and 25% of all Middleport residents and children live in poverty. These communities are also areas of deprivation, as indicated by ADI findings.

It is worth noting that pockets of socioeconomic need exist across Gallia and Meigs counties. All of the zip codes comprising Gallia County and more than half of the zip codes comprising Meigs County have a CNI score of 3.4 or higher. Of note, in Patriot in Gallia County, one-quarter of residents live in poverty, have not completed high school, and/or are uninsured.

Comparing health indicators with population statistics demonstrates the adverse impact of social determinants on populations that historically and continually experience inequities. While Gallia and Meigs counties are less racially diverse overall, communities benefiting from more diversity experience more socioeconomic barriers. This trend is demonstrated in Rio Grande, where 15% of residents identify as Black/African American and 30% of residents experience poverty. This finding should be further explored as it is likely due in part to the federal correctional facility located within the community. Nationwide, people of color, particularly Black/African Americans, are disproportionately incarcerated, and on average, serve longer sentences for the same crimes committed by Whites.

Mason County has an average CNI score of 3.0, indicating moderate community socioeconomic need. Of the 13 zip codes comprising the county, all but three have a low or moderate CNI score of 3.2 or less. Henderson, Mason, and Point Pleasant have the highest CNI scores of 3.4 each. Residents of Henderson are among the most likely to experience socioeconomic disparity, with 1 in 4 residents and nearly half of children living in poverty, although the population is small at less than 600.

The following tables list the social determinants that contribute to CNI scores and are often indicative of health disparities.

2015-2019 Gallia County, OH Social Determinants of Health by Geography

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	CNI Score
45674, Rio Grande	30.3%	9.9%	5.0%	4.7%	4.2
45631, Gallipolis	20.0%	36.7%	13.4%	8.7%	3.8
45614, Bidwell	22.9%	21.9%	14.9%	6.1%	3.6
45685, Thurman	12.2%	10.2%	9.3%	17.8%	3.6
45620, Cheshire	14.2%	16.7%	30.2%	8.4%	3.4
45623, Crown City	17.1%	29.6%	13.6%	6.3%	3.4
45658, Patriot	25.2%	23.4%	24.7%	26.0%	3.4
45686, Vinton	24.9%	38.6%	22.9%	8.5%	3.4
Ohio	14.0%	19.9%	7.2%	6.1%	N/A
United States	13.4%	18.5%	12.0%	8.8%	N/A

Source: US Census Bureau, American Community Survey

2015-2019 Gallia County, OH Population (Pop.) by Prominent Racial and Ethnic Groups

ZIP Code	Total Pop.	White	Black or African American	Two or More Races	Latinx origin (any race)
45674, Rio Grande	656	80.3%	15.2%	1.2%	2.6%
45631, Gallipolis	14,496	92.4%	1.8%	3.0%	1.6%
45614, Bidwell	4,883	91.5%	5.2%	2.2%	2.8%
45685, Thurman	1,419	99.6%	0.1%	0.0%	0.0%
45620, Cheshire	765	100.0%	0.0%	0.0%	0.0%
45623, Crown City	3,210	99.6%	0.2%	0.0%	0.0%
45658, Patriot	2,708	98.0%	0.1%	0.6%	0.0%
45686, Vinton	3,508	95.2%	0.8%	3.0%	0.5%
Ohio	11,655,397	81.3%	12.4%	2.9%	3.8%
United States	324,697,795	72.5%	12.7%	3.3%	18.0%

Source: US Census Bureau, American Community Survey

2015-2019 Meigs County, OH Social Determinants of Health by Geography

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	CNI Score
45760, Middleport	23.5%	24.6%	24.5%	4.3%	4.2
45769, Pomeroy	22.0%	28.7%	15.1%	7.3%	3.8
45741, Langsville	41.3%	25.2%	27.8%	12.5%	3.4
45770, Portland	23.3%	10.3%	29.0%	11.4%	3.4
45771, Racine	16.5%	25.5%	19.0%	10.5%	3.4
45775, Rutland	16.3%	10.8%	10.6%	7.3%	3.0
45776, Shade	23.1%	34.8%	10.3%	1.4%	3.0
45743, Long Bottom	11.7%	17.4%	10.2%	7.8%	2.6
45772, Reedsville	18.2%	16.9%	14.5%	0.0%	2.6
Ohio	14.0%	19.9%	7.2%	6.1%	N/A
United States	13.4%	18.5%	12.0%	8.8%	N/A

Source: US Census Bureau, American Community Survey

2015-2019 Meigs County, OH Population (Pop.) by Prominent Racial and Ethnic Groups

ZIP Code	Total Pop.	White	Black or African American	Two or More Races	Latinx origin (any race)
45760, Middleport	4,076	93.6%	3.4%	2.7%	0.0%
45769, Pomeroy	6,796	96.3%	1.7%	1.9%	1.2%
45741, Langsville	481	100.0%	0.0%	0.0%	0.0%
45770, Portland	640	100.0%	0.0%	0.0%	0.0%
45771, Racine	3,347	99.1%	0.0%	0.0%	1.5%
45775, Rutland	990	100.0%	0.0%	0.0%	1.3%
45776, Shade	693	97.4%	0.0%	2.6%	0.0%
45743, Long Bottom	1,671	97.7%	0.0%	1.7%	1.7%
45772, Reedsville	1,847	100.0%	0.0%	0.0%	0.0%
Ohio	11,655,397	81.3%	12.4%	2.9%	3.8%
United States	324,697,795	72.5%	12.7%	3.3%	18.0%

Source: US Census Bureau, American Community Survey

2015-2019 Mason County, WV Social Determinants of Health by Geography

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	CNI Score
25106, Henderson	27.9%	48.2%	23.8%	8.2%	3.4
25260, Mason	19.5%	17.4%	17.1%	2.6%	3.4
25550, Point Pleasant	17.7%	30.5%	11.7%	5.5%	3.4
25265, New Haven	19.4%	18.7%	11.2%	3.2%	3.2
25515, Gallipolis Ferry	12.1%	15.7%	15.4%	5.2%	3.2
25287, West Columbia	10.0%	0.0%	27.3%	11.0%	3.0
25187, Southside	15.4%	30.8%	22.0%	0.0%	2.8
25502, Apple Grove	28.8%	42.1%	23.3%	1.4%	2.8
25503, Ashton	11.7%	22.1%	9.9%	0.0%	2.8
25520, Glenwood	11.6%	13.7%	27.0%	0.0%	2.8
25123, Leon	17.0%	26.6%	13.4%	8.0%	2.6
25253, Letart	10.2%	19.2%	6.6%	4.8%	2.2
25264, Mount Alto	2.5%	0.0%	20.3%	0.0%	2.2
West Virginia	17.6%	23.8%	13.1%	6.0%	N/A
United States	13.4%	18.5%	12.0%	8.8%	N/A

Source: US Census Bureau, American Community Survey

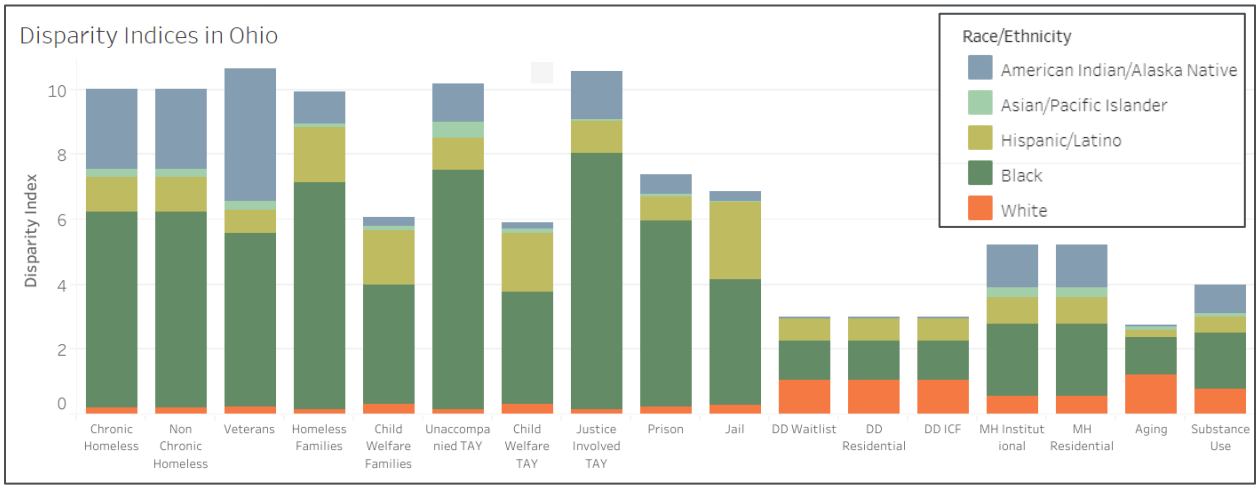
2015-2019 Mason County, WV Population (Pop.) by Prominent Racial and Ethnic Groups

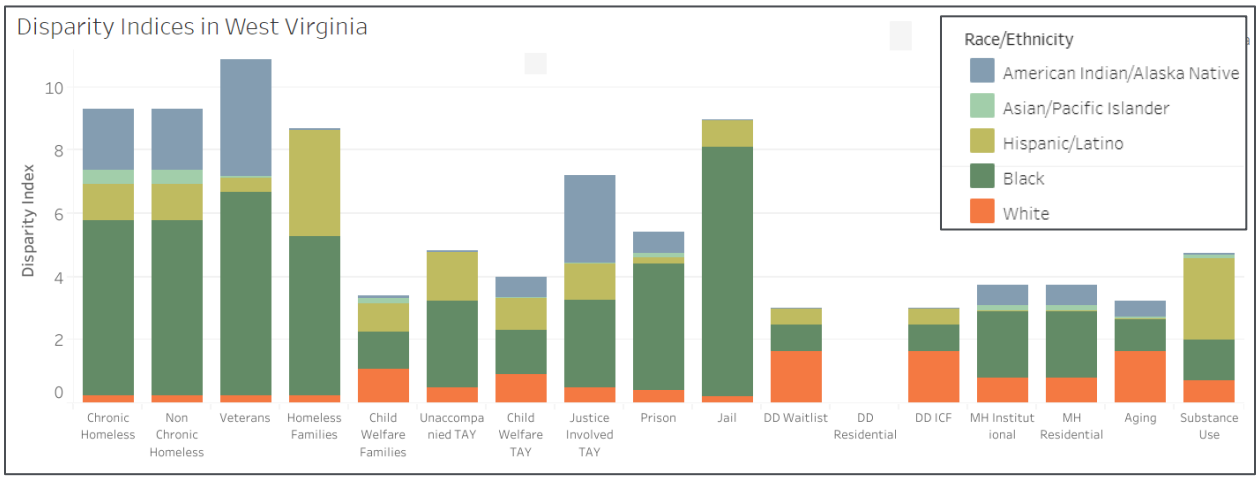
ZIP Code	Total Pop.	White	Black or African American	Two or More Races	Latinx origin (any race)
25106, Henderson	598	100.0%	0.0%	0.0%	0.0%
25260, Mason	1,494	97.5%	1.6%	0.9%	0.9%
25550, Point Pleasant	8,261	96.5%	0.1%	1.3%	0.4%
25265, New Haven	1,678	100.0%	0.0%	0.0%	0.7%
25515, Gallipolis Ferry	2,042	99.1%	0.0%	0.0%	0.0%
25287, West Columbia	1,107	98.8%	1.2%	0.0%	0.0%
25187, Southside	892	92.8%	7.2%	0.0%	0.0%
25502, Apple Grove	932	98.0%	0.0%	0.0%	0.0%
25503, Ashton	1,388	100.0%	0.0%	0.0%	0.0%
25520, Glenwood	1,497	98.9%	0.0%	1.1%	1.0%
25123, Leon	3,333	99.4%	0.0%	0.0%	3.4%
25253, Letart	2,423	99.3%	0.0%	0.0%	0.0%
25264, Mount Alto	241	100.0%	0.0%	0.0%	0.0%
West Virginia	1,817,305	93.1%	3.7%	1.8%	1.6%
United States	324,697,795	72.5%	12.7%	3.3%	18.0%

Source: US Census Bureau, American Community Survey

The RDDI measures whether a racial group's representation in a particular public system is proportionate to their representation in the overall population. Public systems include homelessness, veterans, prison/justice systems, child welfare, developmental disabilities, mental health institutions, aging population, and substance use. An index of 1 signifies equal representation; an index below 1 signifies underrepresentation and an index above 1 signifies overrepresentation in a system.

Across Ohio and West Virginia, Black/African Americans have the highest index score of any other population group, ranging from 5.52 in West Virginia to 6.02 in Ohio. This finding indicates overrepresentation in public systems. **In both states, Black/African Americans are overrepresented in prison and justice systems, as well as among people experiencing homelessness. This finding is consistent with systemic issues of racism within the nation's criminal justice system** that leads to disproportionate incarceration and sentencing among people of color.





Source: Corporation for Supportive Housing
*TAY: Transition-age youth; DD: Developmental Disability; MH: Mental Health

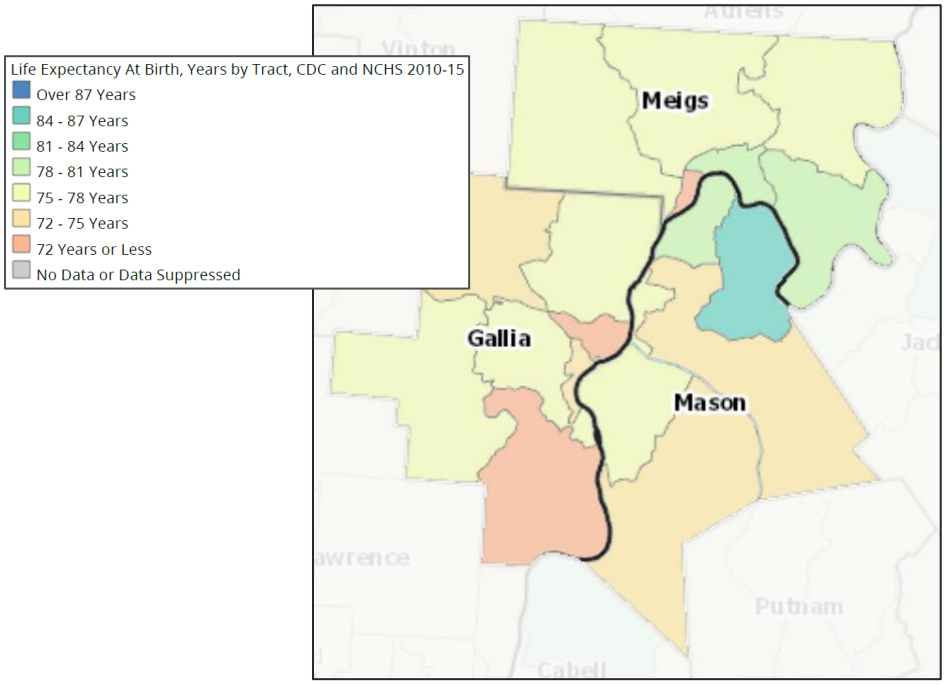
Life expectancy is another measure of the impact of social determinants of health. **Gallia, Meigs, and Mason counties have a similar average life expectancy of 73-74 years, compared to statewide averages of 75-77 years.** Life expectancy disparities generally align with areas of socioeconomic need. In parts of Middleport in Meigs County, average life expectancy is 72 years or lower. Across West Virginia and Ohio, life expectancy is highest for Latinx and Asian residents and lowest for Black/African American residents, a disparity that is reflected in mortality data presented in this report. In Ohio, Black/African Americans live an average of nearly 4 years less than Whites.

2017-2019 Life Expectancy by Race and Ethnicity

	Overall Life Expectancy	Asian	Black	White	Latinx origin (any race)
Gallia County, OH	73.3	NA	NA	NA	NA
Meigs County, OH	74.2	NA	NA	NA	NA
Mason County, WV	73.4	NA	NA	NA	NA
Ohio	77.0	88.2	73.5	77.2	86.0
West Virginia	74.8	88.3	72.7	74.7	102.9

Source: National Vital Statistics System

2010-2015 Life Expectancy at Birth by Census Tract



COVID-19 Demonstrated Inequities

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities. The tri-county area had higher unemployment before the pandemic and averaged unemployment of 8-10% in 2020. Approximately one-quarter of children in all three counties were projected to be food insecure in 2020. While both indicators declined in 2021 to pre-pandemic levels, the potential long-term economic and social impacts from these experiences should continue to be monitored. Communities experiencing socioeconomic disparity before the pandemic were the most vulnerable to COVID-19 incidence and fatality and will likely require more time to fully recover.

All three counties reported a higher death rate due to COVID-19 than state and/or national benchmarks, likely reflecting both lower community vaccination and disease vulnerability among older adults who comprise approximately 20% of the population. As of May 2021, approximately 50% of residents were fully vaccinated compared to 71% nationally.

Priority Health Needs

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, PVH collected feedback from community partners and sought to align with existing or planned community initiatives. Pleasant Valley Hospital will focus efforts on the following community health priorities over the next three-year cycle:

- Behavioral health
- Substance use disorder
- Chronic disease prevention and management

Strategies to address the priority areas will reflect community population trends and stakeholder feedback, as highlighted below.

Community Overview and Trends

The PVH service area comprises primarily rural communities in Mason County, West Virginia and Gallia and Meigs counties in Ohio. With few exceptions, the counties generally follow demographic, socioeconomic, and public health trends for the State of West Virginia overall.

As of the 2020 Census, all three counties had a similar total population of approximately 22,000 to 29,000, and consistent with West Virginia, saw population decline from the 2010 Census that averaged -5.5% to -7%. While the majority of county residents (93-96%) identify as White, population growth occurred exclusively among non-White individuals. Of note, the multi-racial population more than doubled in each county from the 2010 Census.

The region is an aging community. Approximately 20% of residents are aged 65 or older, an increase from prior years, and higher than the national average of 16%. While the older adult population increased, youth under age 18 also comprise nearly 1 in 4 residents, reinforcing the potential impact of upstream, preventive initiatives.

Positive SDoH indicators within the region include housing affordability and homeownership. Approximately 75-80% of residents own their home compared to 64% nationally, and fewer than 24% of homeowners are cost burdened by their housing expenses compared to 28% nationwide. Cost burden is defined as spending 30% or more of household income on housing and can negatively impact the health and quality of life of individuals and families.

Approximately 16% of Mason County residents and 20% of Gallia and Meigs county residents live in poverty compared to 13% nationally. Mason County saw declines in overall poverty in recent years, while Gallia and Meigs counties have historically higher poverty levels. Children are disproportionately affected by poverty, and in Gallia County, nearly 30% of children live in poverty compared to 18.5% nationally. Gallia County children are also more likely to experience food insecurity, estimated at 23% in 2021. It is worth noting that a similarly high proportion of children in Meigs County also experience food insecurity, likely a result of higher unemployment that averaged nearly 10% before the pandemic.

Behavioral Health

Consistent with West Virginia overall, residents of the tri-county region experience poorer behavioral health and a higher prevalence of substance use disorder. Adult residents report approximately six poor mental health days per month compared to a national average of four days. All three counties have historically higher suicide death rates than the nation, and Gallia and Meigs counties have historically higher death rates than West Virginia. The Gallia County suicide rate increased nearly 6 points in recent years.

Community stakeholders shared that behavioral health concerns were exacerbated by the pandemic, particularly for youth and older adults. Before the pandemic, more than 11% of West Virginia high school students reported an attempted suicide compared to 9% nationally, and the proportion of students feeling consistently sad or hopeless increased nearly 10 points from 2013 to 2019. Similarly, before the pandemic, approximately 18.5% of older adult Medicare beneficiaries in Mason County and 24% in Gallia and Meigs counties had been diagnosed with depression compared to 16% nationally. Community stakeholders perceived that these concerns worsened during the pandemic due to social isolation, lost learning, and/or experiences of fear and stress.

Substance Use Disorder

Provisional data released by the CDC predicts that 2020 and 2021 brought the highest number of accidental overdose deaths ever in the US. From 2019 to 2020, the number of overdose deaths increased 55% across West Virginia and 25% across Ohio. The tri-county region has historically had more overdose deaths than state and national benchmarks. The Gallia County death rate more than doubled from 2014-2016 to 2018-2020 and is the highest in the region. The Meigs County death rate also increased more than 20 points in 2018-2020, a finding that may reflect pandemic-related factors. While Mason County has a high rate of overdose death, contrary to other counties, it declined in recent years, including 2020.

Access to behavioral health and substance use disorder services challenges local efforts to improve health outcomes. All three counties are designated Health Professional Shortage Areas (HPSAs) for mental healthcare, and Gallia and Meigs counties are designated as high needs HPSAs. High needs HPSAs are areas with higher poverty, higher prevalence of substance use, and/or more vulnerable populations like youth and older adults.

Chronic Disease Prevention and Management

Access to healthcare is also a barrier to preventing and managing chronic disease within the region. While the proportion of residents without health insurance has declined, all three counties are dental HPSAs for people with low income and Gallia and Mason counties are primary care HPSAs for people with low income. Healthcare access barriers due to income were reinforced by Key Stakeholder Survey findings; approximately 21% of survey participants identified ability to afford healthcare as the top community health need.

Access to care barriers and other health risk factors contribute to higher prevalence and death due to chronic disease among tri-county residents. Residents are generally less likely to be physically active,

more likely to smoke, and more likely to have high blood pressure than their peers statewide and/or nationally.

Approximately 45% of Key Stakeholder Survey participants identified overweight/obesity as a top five community health needs, and 55% identified diabetes as a top five need. Tri-county residents have a higher prevalence of both obesity and diabetes than the nation, although Meigs County saw a recent decline in obesity and Gallia County saw a decline in diabetes. All three counties also have a similarly high diabetes death rate that exceeds the national death rate by 10 or more points.

Higher reported tobacco use among county residents has contributed to higher prevalence and death rates due to respiratory disease, including chronic lower respiratory disease (CLRD) and lung cancer. These disparities are most evident in Meigs County, where the CLRD death rate is nearly 2.5 times higher than the national death rate. Contrary to statewide and national declines, the Meigs County CLRD death rate has been consistently high in recent years.

Chronic disease prevalence is higher among the region's aging population. Nearly 80% of older adult Medicare beneficiaries manage two or more chronic conditions and 25-30% manage six or more chronic conditions compared to 18% nationally. Of note, approximately 14% of Gallia and Mason county older adults live alone compared to 11% nationally, likely impeding effective chronic illness management and accelerating the negative impact of chronic diseases.

Public health data for non-White residents are generally not reportable for the tri-county region due to low population counts. State and national findings indicate wide disparities in chronic disease prevalence and death rates, largely affecting people of color. These disparities are consistent with socioeconomic differences and broader community inequities that contribute to unfair health opportunities and outcomes.

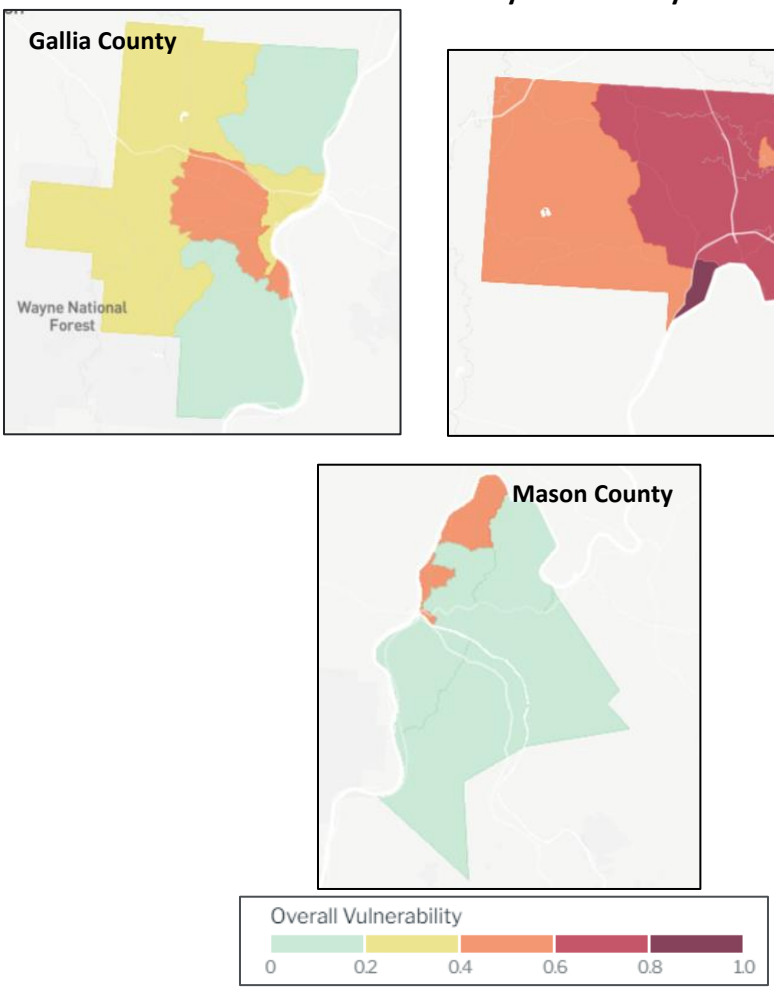
A full summary of CHNA data findings for the PVH service area, with state and national comparisons, follows.

COVID-19 Impact on Communities

COVID-19 is the name of the disease caused by the SARS-CoV-2 virus. "CO" stands for corona, "VI" for virus, and "D" for disease. The number "19" refers to the year 2019 when the first case of COVID-19 was identified. COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19 in select communities. Surgo Ventures developed the Community Vulnerability Index to measure how well any community in the US could respond to the health, economic, and social consequences of COVID-19 without intentional response and additional support.

Using this scale, Mason County has “low” vulnerability compared to other parts of the US, while Gallia and Meigs counties have “medium” and “high” vulnerability, respectively. **Within Meigs County, higher vulnerability is seen in and around Middleport, a finding that is consistent with existing socioeconomic barriers** that may make it hard to respond to and recover from a COVID-19 outbreak. Among the factors impacting vulnerability in Meigs County is housing and transport challenges (e.g., crowded housing, limited transit options) and financial insecurity (e.g., low-income, unemployment).

COVID-19 Community Vulnerability Index



Source: COVID Act Now

As of May 2022, the tri-county area had a combined 18,578 COVID-19 cases and 308 related deaths. Of note, **while Gallia County was the only county to report a higher COVID-19 case rate than the nation, all counties reported a higher death rate.** This finding may reflect both lower community vaccination and disease vulnerability among older adults who comprise approximately 20% of the population.

COVID-19 Cases and Death Rates per 100,000 (as of May 19-21, 2022)

	Total Confirmed Cases	Case Rate per 100,000*	Total Deaths	Death Rate per 100,000*
Gallia County, OH	7,616	26,064	127	435
Meigs County, OH	4,712	21,216	88	396
Mason County, WV	6,250	24,555	93	365
Ohio	2,743,577	23,252	38,590	327
West Virginia	402,792	22,456	6,915	386
United States	83,080,655	25,066	999,254	301

Source: Ohio Department of Health, West Virginia Department of Health & Human Resources, Center for Disease Control and Prevention

*Calculated based on 2020 population counts.

COVID-19 vaccination will be essential to managing the pandemic and healthcare resources. Ohio and West Virginia overall have lower COVID-19 vaccine coverage than the national average. **The tri-county area has lower COVID-19 vaccine coverage than the states overall with approximately 50% of residents fully vaccinated.**

COVID-19 Vaccination among Population Age 5 or Older (as of May 21, 2022)

	Total Vaccinated	
	Partially Vaccinated	Fully Vaccinated
Gallia County, OH	55.1%	50.3%
Meigs County, OH	56.6%	50.3%
Mason County, WV	61.2%	53.0%
Ohio	67.8%	62.6%
West Virginia	68.7%	60.9%
United States*	82.6%	70.7%

Source: Center for Disease Control and Prevention

Service Area Population Trends

Demographics

Since 2010, Ohio saw population growth of +2.3% and West Virginia saw population decline of -3.2% compared to overall national population growth of +7.4%. The tri-county area saw larger population decline of approximately -6% to -7%.

2020 Total Population

	Total Population	Percent Change Since 2010
Gallia County, OH	29,220	-5.5%
Meigs County, OH	22,210	-6.6%
Mason County, WV	25,453	-6.8%
Ohio	11,799,448	+2.3%
West Virginia	1,793,716	-3.2%
United States	331,449,281	+7.4%

Source: US Census Bureau, Decennial Census

The tri-county area is less racially and ethnically diverse than state and national benchmarks with approximately 93-96% of residents identifying as White. Consistent with overall population decline since 2010, the White population has declined. **Population growth within the tri-county area occurred exclusively among non-White individuals.** The multiracial population more than doubled in each county and accounted for 3-4% of the total population in 2020. In Meigs and Mason counties, the Latinx population increased by nearly 50%, and in Meigs County, the proportion of individuals identifying as an other unidentified race tripled.

2020 Population by Race and Ethnicity

	White	Black or African American	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Two or More Races	Latinx origin (any race)
Gallia County, OH	92.6%	2.1%	0.5%	0.2%	0.0%	0.5%	4.2%	0.9%
Meigs County, OH	95.7%	0.7%	0.1%	0.2%	0.0%	0.4%	2.9%	0.8%
Mason County, WV	95.9%	0.8%	0.3%	0.2%	0.0%	0.2%	2.7%	0.7%
Ohio	77.0%	12.5%	2.5%	0.3%	0.0%	1.9%	5.8%	4.4%
West Virginia	89.8%	3.7%	0.8%	0.2%	0.0%	0.7%	4.7%	1.9%
United States	61.6%	12.4%	6.0%	1.1%	0.2%	8.4%	10.2%	18.7%

Source: US Census Bureau, Decennial Census

Population Change among Prominent Racial and Ethnic Groups, 2010 to 2020

	White	Black or African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
Gallia County, OH	-7.7%	-26.1%	+5.7%	+93.2%	+151.7%	-4.7%
Meigs County, OH	-8.2%	-25.7%	-54.9%	+200.0%	+131.7%	+49.6%
Mason County, WV	-8.6%	+12.9%	-7.8%	+33.3%	+150.7%	+42.9%
Ohio	-4.8%	+5.1%	+55.3%	+72.5%	+186.6%	+47.0%
West Virginia	-7.4%	+4.3%	+21.8%	+111.1%	+213.0%	+56.4%
United States	-8.6%	+5.6%	+35.5%	+46.1%	+275.7%	+23.0%

Source: US Census Bureau, Decennial Census

Health needs change as individuals age. Therefore, the age distribution of a community impacts its social and healthcare needs. **The age distribution and median age of the tri-county area is similar to West Virginia overall and older than the nation.** Approximately 20% of residents are aged 65 or older compared to 16% nationwide.

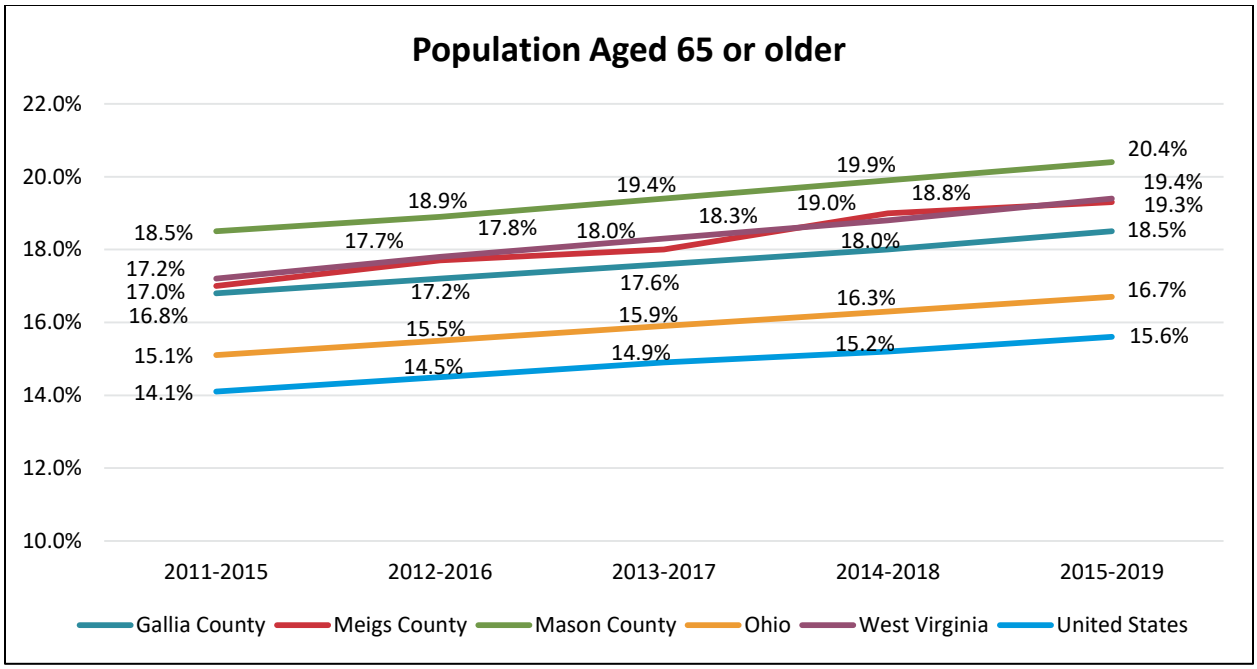
The proportion of older adult residents increased across the tri-county area, Ohio, West Virginia, and the nation. Nationally, among older adults aged 65 or older, the 65-74 age category is the fastest growing demographic, largely due to the aging of the baby boomer generation.

While the older adult population increased in the tri-county area, youth under age 18 comprise approximately 1 in 5 residents. This finding reinforces the potential impact of upstream, preventative initiatives.

2015-2019 Population by Age

	Gen Z/ Gen C	Gen Z	Millennial	Millennial/ Gen X	Gen X	Boomers	Boomers/ Silent	Median Age
	Under 18 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over	
Gallia County, OH	23.0%	8.3%	12.0%	11.1%	12.9%	14.3%	18.5%	40.7
Meigs County, OH	21.6%	6.8%	11.1%	12.2%	13.6%	15.5%	19.2%	43.6
Mason County, WV	21.4%	6.8%	10.8%	12.2%	13.0%	15.4%	20.4%	44.2
Ohio	22.4%	6.8%	13.1%	11.9%	13.0%	13.8%	16.7%	39.4
West Virginia	20.3%	6.4%	11.8%	12.1%	13.1%	14.5%	19.4%	42.5
United States	22.6%	9.4%	13.9%	12.6%	13.0%	12.9%	15.6%	38.1

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

Income and Work

A higher proportion of tri-county area residents live in poverty when compared to state and/or national benchmarks. **Gallia County has the highest poverty level, and it has been generally stable, contrary to statewide and national declines.** Meigs County has historically had higher poverty than Gallia, but it declined in 2015-2019 to a similar proportion. Mason County residents are less likely to live in poverty than their peers across West Virginia but continue to have a higher rate of poverty than the nation.

Children are disproportionately affected by poverty, and **nearly 30% of children in Gallia County live in poverty compared to 18.5% nationally.** Meigs and Mason counties also report higher childhood poverty than the nation at approximately 24%.

Statewide and nationally, poverty has historically been disproportionately higher among people of color. Across Ohio and West Virginia, Black/African Americans have the highest poverty rates at approximately 30% compared to fewer than 20% of Whites. **Racial wealth disparities are most evident in Ohio, where Black/African Americans are nearly three times as likely as Whites to live in poverty.**

Note, income and poverty data reflect pre-COVID-19 findings and likely do not demonstrate economic hardship experienced by individuals and families during the pandemic. Unemployment and food insecurity data for 2020 and 2021 provide insight into the economic impact of the pandemic.

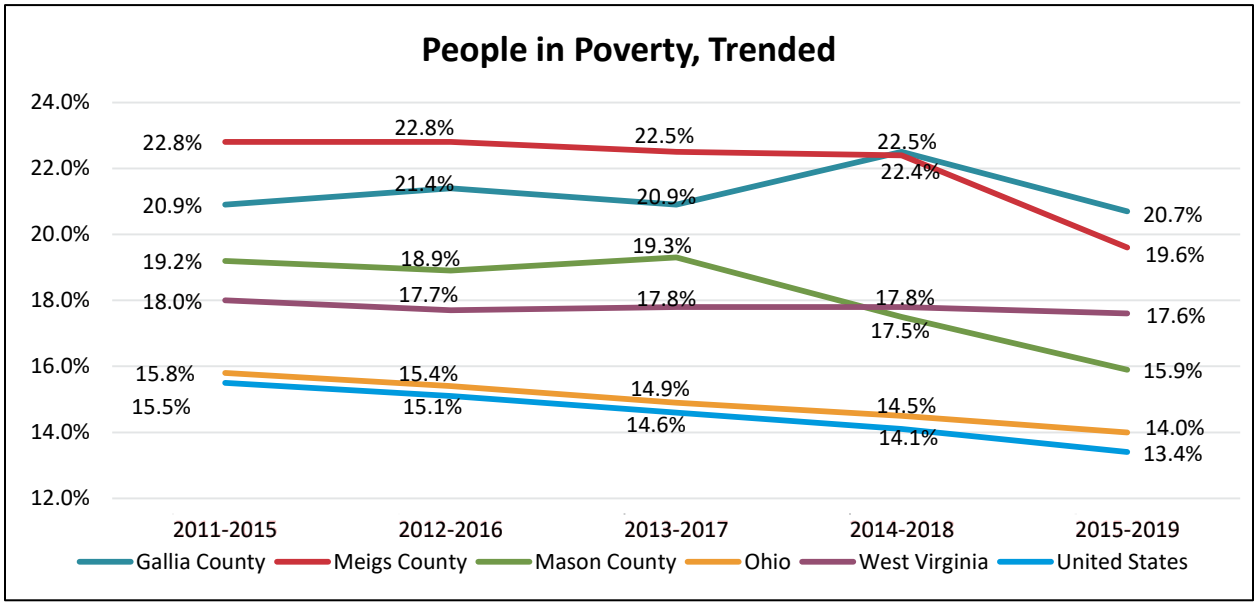
COVID-19 had a significant impact on unemployment rates across the nation. By the end of 2020, average unemployment for the US was approximately double what it was at the beginning of the year. **The tri-county area had higher unemployment than state and national benchmarks before the pandemic and averaged unemployment of 8-10% in 2020.** Unemployment declined in 2021, falling

below pre-pandemic levels, although Meigs County continues to have higher unemployment than state and national averages.

Economic Indicators

	Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
Income and Poverty (2015-2019)						
Median household income	$44,858	$44,899	$46,078	$56,602	$46,711	$62,843
People in poverty	20.7%	19.6%	15.9%	14.0%	17.6%	13.4%
Children in poverty	29.4%	23.7%	23.7%	19.9%	23.8%	18.5%
Older adults (65+) in poverty	10.7%	10.2%	8.8%	8.1%	9.5%	9.3%
Unemployment						
January 2020	7.6%	9.6%	6.9%	4.5%	5.0%	4.0%
2020 average	8.0%	9.7%	8.3%	8.1%	8.3%	8.1%
April 2022	3.7%	5.0%	3.9%	3.7%	3.6%	3.3%

Source: US Census Bureau, American Community Survey & US Bureau of Labor Statistics



Source: US Census Bureau, American Community Survey

2015-2019 People in Poverty among Prominent Racial and Ethnic Groups

	White	Black / African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
Ohio	11.1%	29.6%	13.2%	26.0%	26.1%	24.7%
West Virginia	16.9%	29.2%	16.8%	31.3%	25.5%	21.5%
United States	11.1%	23.0%	10.9%	21.0%	16.7%	19.6%

Source: US Census Bureau, American Community Survey

*Data are not reported at the county level due to low counts.

Food Insecurity

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. Food insecurity is associated with lower household income and poverty, as well as poorer overall health status. Similar to unemployment rates, COVID-19 had a profound impact on food insecurity, particularly among children. **From 2019 to 2020, the percentage of food insecure children was projected to increase approximately 4 percentage points across the tri-county area.** Prior to 2020, food insecurity among all residents and children was declining.

Projected food insecurity declined in 2021 but should continue to be monitored for long-term health impacts. **Consistent with socioeconomic barriers including child poverty and unemployment, Gallia and Meigs counties have a higher proportion of food insecure children than other reported geographies, estimated at approximately 24%.**

Trended and Projected Food Insecurity

	Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
All Residents						
2021 (projected)	17.9%	18.7%	13.4%	14.1%	14.0%	12.9%
2020 (projected)	19.7%	20.9%	15.1%	16.0%	15.6%	13.9%
2019	17.6%	18.5%	12.8%	13.2%	13.5%	10.9%
Children						
2021 (projected)	23.4%	24.0%	20.1%	18.5%	19.2%	17.9%
2020 (projected)	27.0%	28.1%	23.5%	22.3%	22.5%	19.9%
2019	23.3%	23.9%	19.5%	17.4%	19.0%	14.6%

Source: Feeding America

Education

Educational attainment is one of the strongest predictors of longevity and economic stability. Adult residents of the tri-county area are less likely to complete high school or pursue higher education when compared to state and national benchmarks. **Approximately 13-16% of area adults have a bachelor's degree or higher compared to 32% nationwide.** Educational attainment data by race and ethnicity are not shown by county due to low counts. Statewide and nationally, significant educational attainment disparities affect people of color, particularly Black/African Americans and Latinx.

2015-2019 Educational Attainment

	Less than high school diploma	High school graduate (includes GED)	Some college or associate's degree	Bachelor's degree	Graduate or professional degree
Gallia County, OH	16.0%	41.2%	26.9%	9.9%	6.0%
Meigs County, OH	16.4%	41.8%	28.7%	7.7%	5.4%
Mason County, WV	14.0%	45.5%	26.1%	10.1%	4.4%
Ohio	9.6%	33.0%	29.1%	17.6%	10.7%
West Virginia	13.1%	40.3%	25.9%	12.4%	8.2%
United States	12.0%	27.0%	28.9%	19.8%	12.4%

Source: US Census Bureau, American Community Survey

2015-2019 Population with a Bachelor's Degree by Prominent Racial and Ethnic Group

	White	Black / African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
Ohio	29.2%	17.2%	60.8%	15.0%	24.8%	19.2%
West Virginia	20.4%	15.2%	62.0%	23.5%	25.2%	22.0%
United States	33.5%	21.6%	54.3%	12.0%	31.9%	16.4%

Source: US Census Bureau, American Community Survey

*Data are not reported at the county level due to low counts.

Housing

Housing is the largest single expense for most households and should represent no more than 30% of a household's monthly income. Ohio and West Virginia overall have lower median home values than the nation and the tri-county area has lower median home values than the states. **County residents are more likely to own their home, and fewer homeowners are considered housing cost burdened compared to state and/or national benchmarks.** The median rent is also lower than state and national medians, although more renters are considered housing cost burdened compared to state averages.

2015-2019 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Home Value	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Gallia County, OH	74.5%	$110,200	23.9%	25.5%	$675	45.4%
Meigs County, OH	78.6%	$95,000	23.2%	21.4%	$622	51.1%
Mason County, WV	79.5%	$87,600	20.9%	20.5%	$615	52.0%
Ohio	66.1%	$145,700	21.5%	33.9%	$808	44.8%
West Virginia	73.2%	$119,600	21.1%	26.8%	$808	47.3%
United States	64.0%	$217,500	27.8%	36.0%	$1,062	49.6%

Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.

Quality housing has a direct impact on health. Housing built before 1979 may contain lead paint and other hazardous materials like asbestos and can put residents at risk of health issues including lead poisoning, asthma, injury, and other chronic diseases. The tri-county area generally has newer housing stock than surrounding Ohio and West Virginia communities, although fewer housing units were built after 2009 than the nation.

Residents of Ohio and West Virginia have a higher prevalence of asthma than their peers nationwide. As of 2019, 11.3% of Ohio and 11.6% of West Virginia adults reported having a current asthma diagnosis compared to 8.9% nationally. Adult residents of the tri-county area had a similar prevalence of asthma, estimated at 11-11.5% in 2019.

2015-2019 Housing by Year Built

	Before 1980	1980-1999	2000-2009	2010-2013	2014 or Later
Gallia County, OH	52.4%	32.4%	11.4%	2.7%	0.9%
Meigs County, OH	52.0%	30.8%	13.7%	1.8%	1.7%
Mason County, WV	57.1%	28.0%	11.8%	2.5%	0.7%
Ohio	66.7%	20.8%	9.5%	1.6%	1.4%
West Virginia	59.0%	25.9%	11.7%	2.1%	1.2%
United States	53.6%	27.3%	14.0%	2.7%	2.5%

Source: US Census Bureau, American Community Survey

Asthma is the most common chronic condition among children, and a leading cause of hospitalization and school absenteeism. Ohio and West Virginia have a slightly higher prevalence of childhood asthma than the nation, estimated at nearly 1 in 4 children. Nationally and in Ohio, Black/African American and Latinx children have a disproportionately higher prevalence of asthma compared to other racial and ethnic groups. This finding can be partially attributed to social determinants of health barriers and inequities such as living in lower quality and older housing.

2019 High School Students Ever Diagnosed with Asthma

	Ohio	West Virginia	United States
Total	24.3%	22.7%	21.8%
Black or African American	24.6%	N/A	29.2%
White	24.2%	22.0%	19.8%
Latinx origin (any race)	29.9%	N/A	21.0%

Source: Centers for Disease Control and Prevention, YRBS

Related to housing concerns is access to computers and internet service. Termed the "digital divide," there is a growing gap between the underprivileged members of society—especially poor, rural, elderly, and disabled populations—who do not have access to computers or the internet and the wealthy, middle-class, and young Americans living in urban and suburban areas who have access. The tri-county area has lower digital access than state and national benchmarks with approximately 80% of households reporting access to a computer device and 69% reporting access to broadband internet.

2015-2019 Households by Digital Access

	With Computer Access			With Internet Access	
	Computer Device	Desktop / Laptop	Smartphone	Internet Subscription	Broadband Internet
Gallia County, OH	80.4%	62.1%	69.0%	69.0%	68.2%
Meigs County, OH	81.2%	62.1%	65.4%	68.7%	67.9%
Mason County, WV	78.6%	62.1%	61.3%	69.6%	69.6%
Ohio	89.1%	75.5%	77.1%	82.4%	82.0%
West Virginia	84.2%	68.7%	68.9%	76.4%	76.0%
United States	90.3%	77.8%	79.9%	83.0%	82.7%

Source: US Census Bureau, American Community Survey

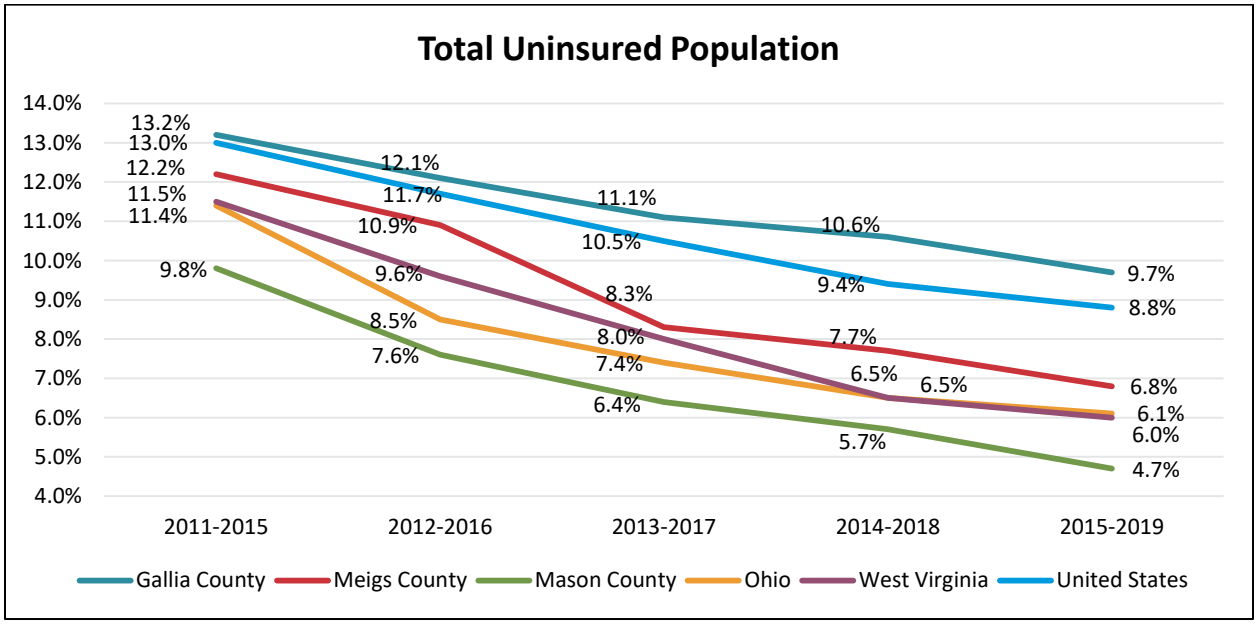
A Closer Look at Health Statistics

Access to Healthcare

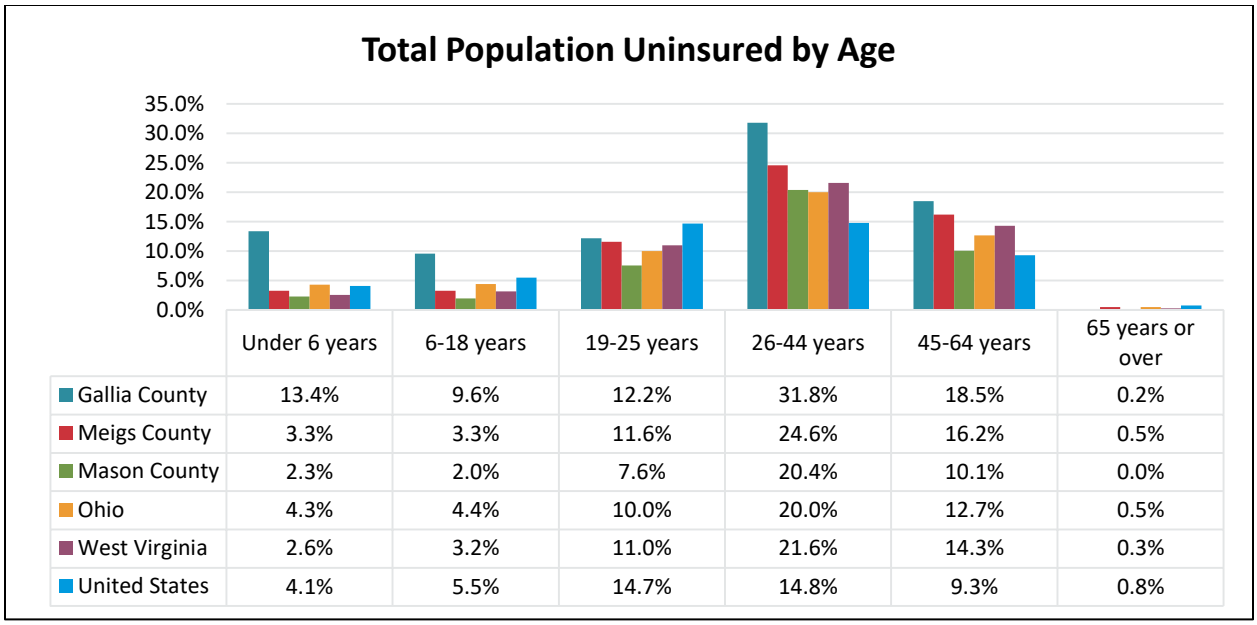
Consistent with state and national trends, health insurance coverage has improved across the tri-county area, although it varies widely by county. Gallia County has a historically higher proportion of uninsured that exceeds state and national benchmarks, while Meigs and Mason counties have historically lower proportions of uninsured that meet the HP2030 goal of 92.1% insured residents. When considered by age group, Gallia County has higher uninsured rates for all age groups under 65 years. Meigs County also has higher uninsured rates for working age adults 26-64 years.

Consistent with age and socioeconomic factors for the tri-county area, **more than 20% of residents have Medicare insurance compared to 17.3% nationally, and more than 25% of residents have Medicaid insurance compared to 20.2% nationally.**

Uninsured data by race and ethnicity are not shown by county due to low counts. Nationally, Latinx have the highest uninsured rate of any racial or ethnic group, estimated at 18.2% compared to the White uninsured rate of 7.9%. This finding is of note for Meigs and Mason counties, where the Latinx population increased by approximately 50% from 2010 to 2020.

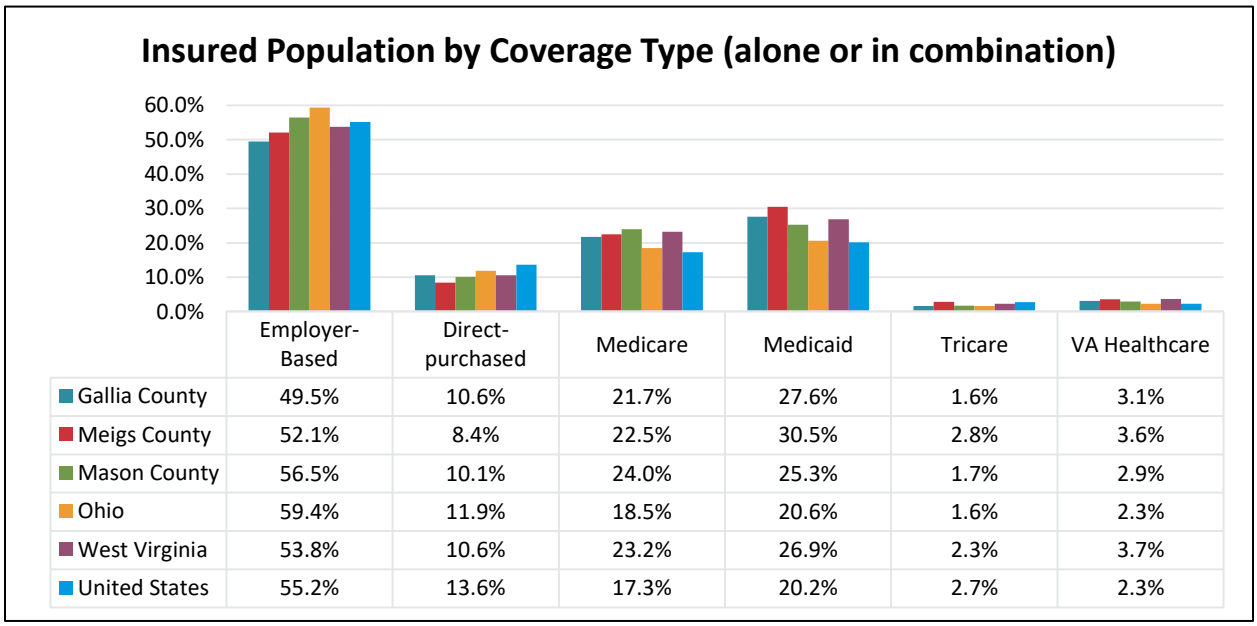


Source: US Census Bureau, American Community Survey



	Under 6 years	6-18 years	19-25 years	26-44 years	45-64 years	65 years or over
Gallia County	13.4%	9.6%	12.2%	31.8%	18.5%	0.2%
Meigs County	3.3%	3.3%	11.6%	24.6%	16.2%	0.5%
Mason County	2.3%	2.0%	7.6%	20.4%	10.1%	0.0%
Ohio	4.3%	4.4%	10.0%	20.0%	12.7%	0.5%
West Virginia	2.6%	3.2%	11.0%	21.6%	14.3%	0.3%
United States	4.1%	5.5%	14.7%	14.8%	9.3%	0.8%

Source: US Census Bureau, American Community Survey



	Employer-Based	Direct-purchased	Medicare	Medicaid	Tricare	VA Healthcare
Gallia County	49.5%	10.6%	21.7%	27.6%	1.6%	3.1%
Meigs County	52.1%	8.4%	22.5%	30.5%	2.8%	3.6%
Mason County	56.5%	10.1%	24.0%	25.3%	1.7%	2.9%
Ohio	59.4%	11.9%	18.5%	20.6%	1.6%	2.3%
West Virginia	53.8%	10.6%	23.2%	26.9%	2.3%	3.7%
United States	55.2%	13.6%	17.3%	20.2%	2.7%	2.3%

Source: US Census Bureau, American Community Survey

Availability of healthcare providers is a barrier to accessing care within the tri-county area. Both Meigs and Mason counties have fewer primary care providers than state and national benchmarks, as indicated by the rate of primary care physicians per 100,000 population. **Meigs County had two available primary care physicians in 2018. Mason County is a designated Health Professional Shortage Area (HPSA) for low-income populations. Gallia County has a high rate of primary care physicians, but it is also a designated HPSA for low-income populations.** Low availability of care for low-income people is of particular concern in this area due to the high proportion of residents insured by Medicaid.

All three counties are designated dental HPSAs for low-income populations. The impact of this outcome is seen in access to regular dental care. Compared to the nation and their respective state benchmark, fewer county adults reported receiving a dental visit within the past year.

COVID-19 had a significant impact on access to care. Nationally, the percentage of adults receiving a routine physical checkup declined from 77.6% in 2019 to 76% in 2020. Ohio adults also experienced delayed care access with 76.2% of adults receiving a routine physical checkup in 2019 compared to 74.9% in 2020. Note: county-level data for 2020 are not yet available.

Primary and Dental Provider Rates and Age-Adjusted Adult Healthcare Access

	Primary Care		Dental Care	
	Physicians per 100,000 Population (2018)	Routine Checkup within Past Year (2019)*	Dentists per 100,000 Population (2019)	Dental Visit within Past Year (2018)*
Gallia County, OH	93.4	75.4%	33.4	57.8%
Meigs County, OH	8.7	75.9%	21.8	54.2%
Mason County, WV	44.9	79.6%	26.4	50.1%
Ohio	76.6	76.2%	62.1	67.4%
West Virginia	78.2	77.6%	56.8	56.0%
United States	75.8	75.0%	71.4	66.2%

Source: Health Resources and Services Administration & Centers for Disease Control and Prevention, PLACES & BRFSS

Health Risk Factors and Chronic Disease

Residents of the tri-county area have more health risk factors and higher prevalence and mortality due to chronic disease. **In 2019, approximately one-third of county adults reported being physically inactive compared to one-quarter of adults nationally. Similarly, one-quarter of county adults reported smoking compared to less than one-fifth of adults nationally.**

The following report sections further explore health risk factors and chronic disease, and their connection to underlying social determinants of health. Social determinants of health not only lead to poorer health outcomes and the onset of disease, but they are also likely to impede disease management and treatment efforts, further exacerbating poorer health outcomes.

2019 Age-Adjusted Adult Health Risk Factors

	No Leisure-Time Physical Activity in Past 30 Days	Current Smokers
Gallia County, OH	34.5%	26.5%
Meigs County, OH	33.8%	28.2%
Mason County, WV	35.2%	25.4%
Ohio	27.3%	21.4%
West Virginia	29.2%	25.4%
United States	25.6%	15.7%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

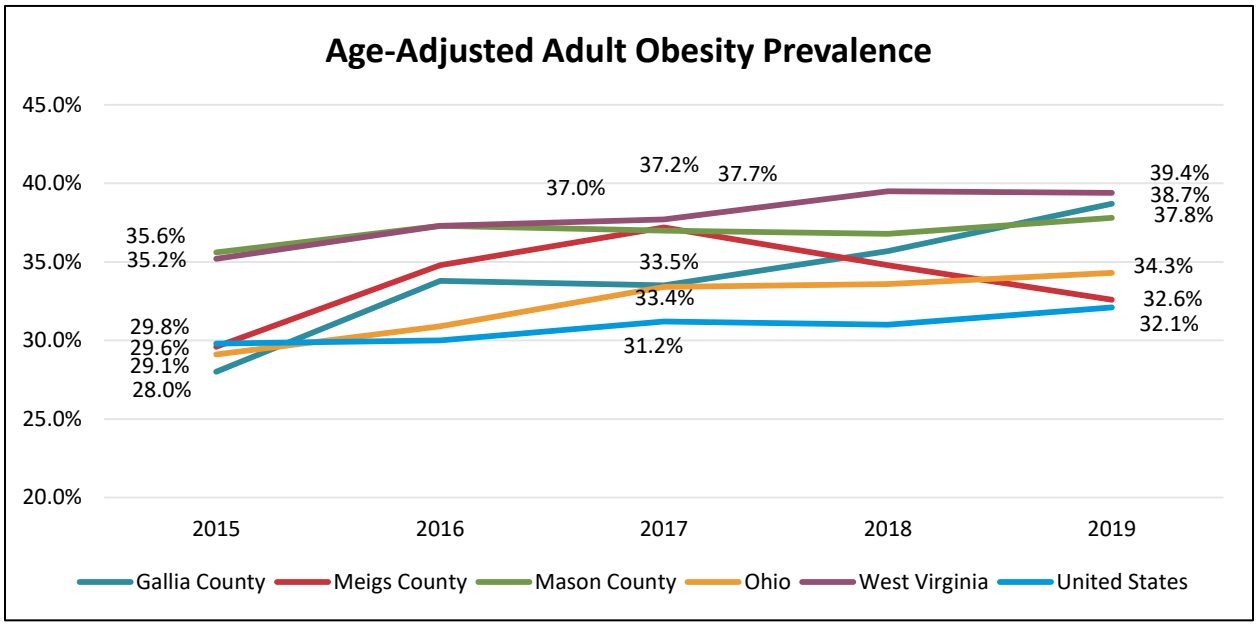
Obesity and Diabetes

Ohio and West Virginia adults have historically higher prevalence of obesity and diabetes, and a higher and increasing death rate due to diabetes, compared to national benchmarks. West Virginia has higher prevalence and death rates than Ohio.

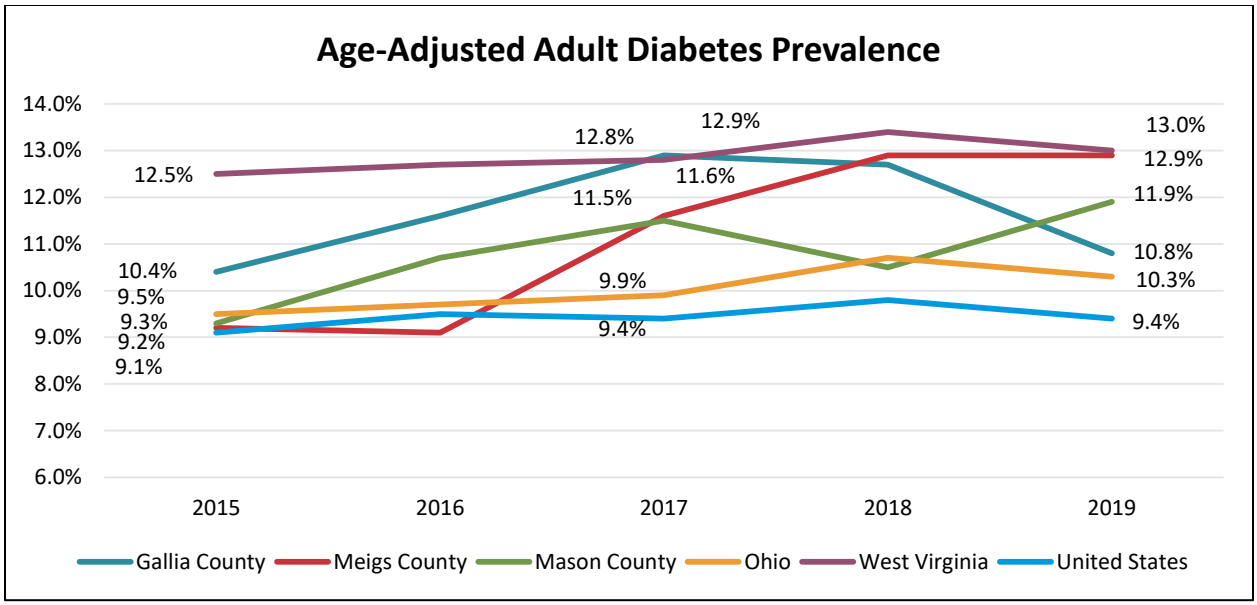
Adult residents of the tri-county area have also historically reported higher prevalence of obesity and diabetes than the nation, although obesity declined in Meigs County and diabetes declined in Gallia County. **Of note, Mason County saw increases in both obesity and diabetes through 2019 and has the highest rate of diabetes death of the three counties.** The diabetes death rate for Mason County also increased in recent years.

Across Ohio, West Virginia, and the nation, the diabetes death rate for Black/African Americans is approximately double the death rate for Whites. Data by race and ethnicity are not reported by county due to low counts.

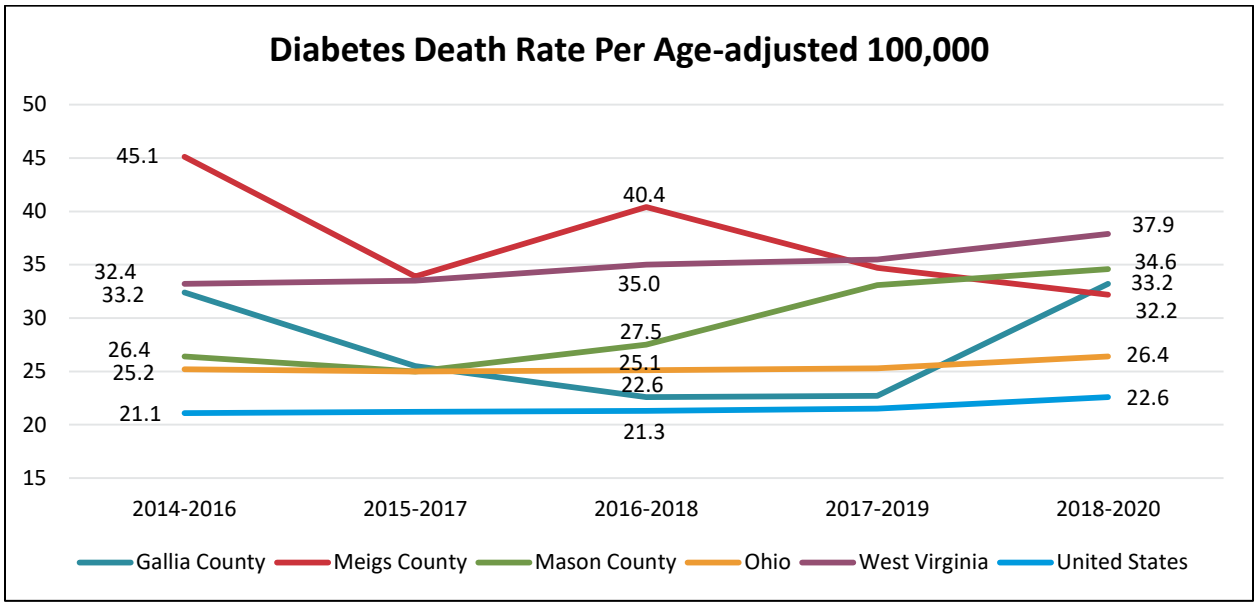
Increases in diabetes death were seen nationwide and in Ohio and West Virginia in 2020. This finding may be due in part to the COVID-19 pandemic and related healthcare barriers and delays. **Of note, the death rate for Gallia County increased nearly 10 points in 2020, a finding that should continue to be monitored.**



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention

2018-2020 Diabetes Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
Total Population	33.2	32.2	34.6	26.4	37.9	22.6
White, Non-Hispanic	29.1	32.8	35.2	24.7	37.6	19.7
Black or African American, Non-Hispanic	NA	NA	NA	43.9	67.1	41.3
Latinx origin (any race)	NA	NA	NA	21.1	NA	27.2

Source: Centers for Disease Control and Prevention

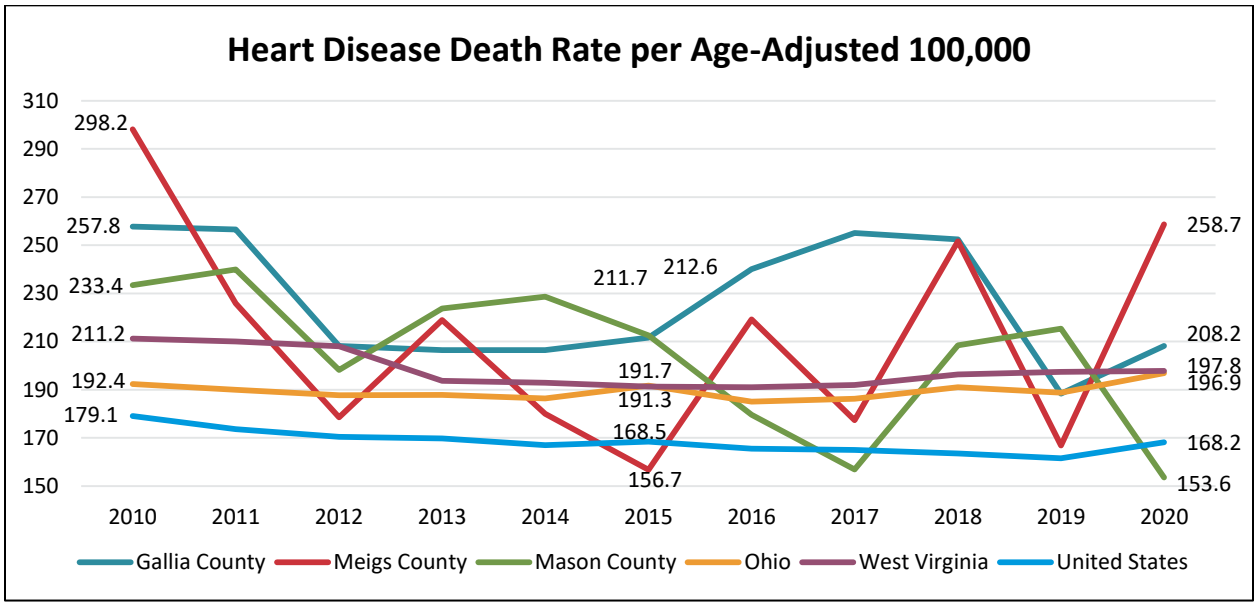
Heart Disease

Heart disease is the leading cause of death nationally, and high blood pressure and high cholesterol are two of the primary causes. **The tri-county area has a similarly high prevalence of high blood pressure and high cholesterol as respective state benchmarks.** The heart disease death rate has been variable in each county over the past decade, but generally higher than the national rate.

2019 Age-Adjusted Adult Heart Disease Risk Factors

	Adults with High Blood Pressure	Adults with High Cholesterol
Gallia County, OH	33.1%	27.5%
Meigs County, OH	34.3%	29.7%
Mason County, WV	38.8%	32.5%
Ohio	31.1%	28.1%
West Virginia	38.5%	33.5%
United States	29.6%	28.7%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention

2020 Heart Disease Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
Total Population	208.2	258.7	153.6	196.9	197.8	168.2
White, Non-Hispanic	206.2	264.3	156.1	195.3	200.1	170.1
Black or African American, Non-Hispanic	NA	NA	NA	242.5	205.3	228.6
Latinx origin (any race)	NA	NA	NA	92.1	NA	122.7

Source: Centers for Disease Control and Prevention

Cancer

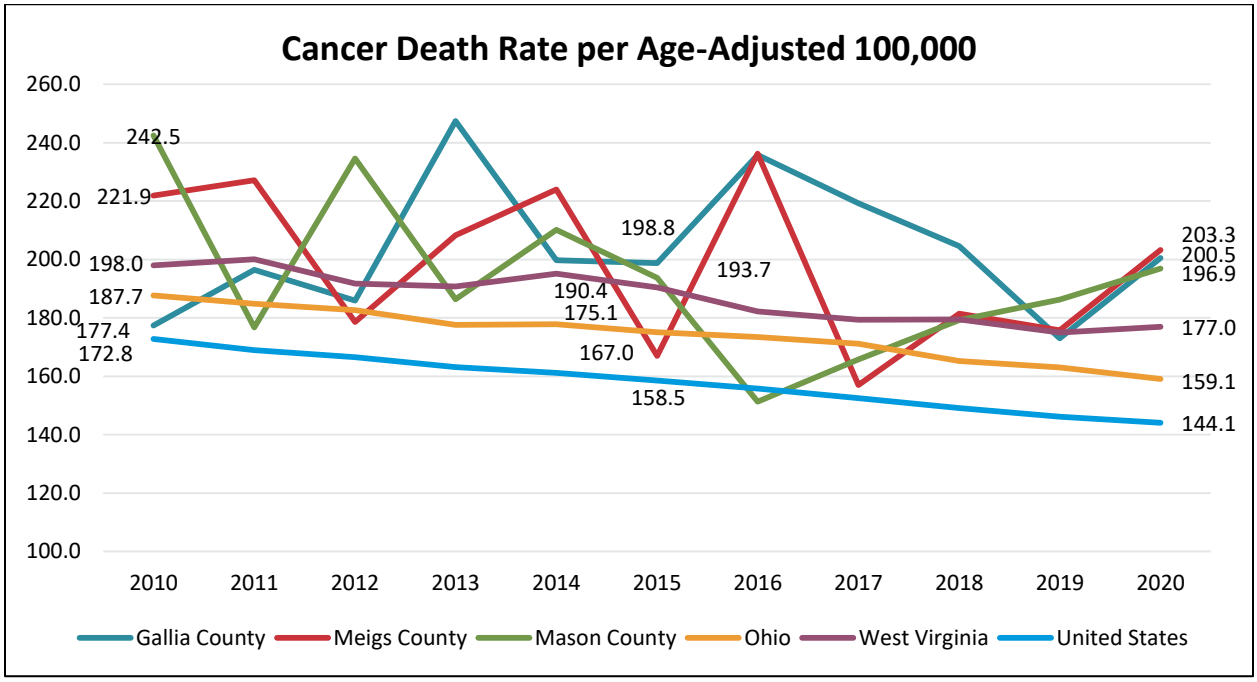
Cancer is the second leading cause of death nationally. The tri-county area reports historically higher cancer incidence and death rates than state and national benchmarks, although annual cancer death rates have been variable over the past decade.

Cancer deaths in the tri-county area, particularly in Gallia and Meigs counties, are largely due to disparities in lung cancer. The lung cancer death rate is approximately 50% higher in Gallia and Meigs counties compared to the nation. **In Mason County, there are also notable disparities in death due to female breast and colorectal cancers.** Of note, the female breast cancer death rate for Mason County is approximately 30% higher than the national death rate, but the incidence rate is 30% lower. This finding is often indicative of delayed screening practices and access to treatment.

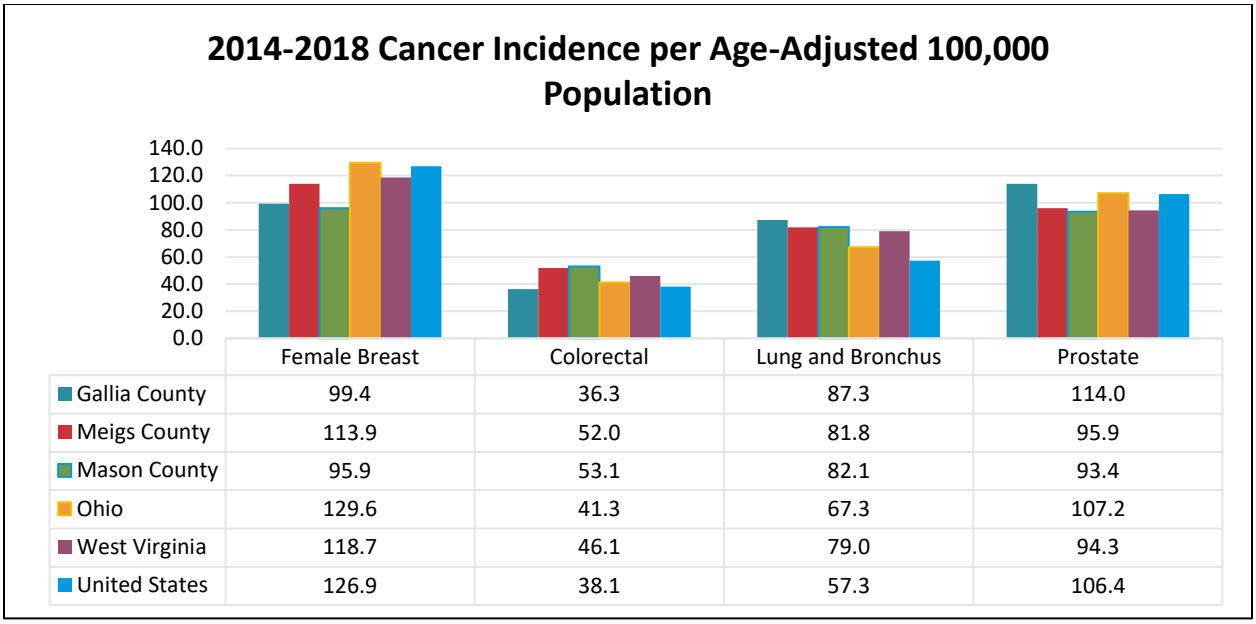
2014-2018 Cancer Incidence (All Types) per Age-Adjusted 100,000

Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
504.2	484.8	493.2	467.5	483.5	448.6

Source: Centers for Disease Control and Prevention, United States Cancer Statistics

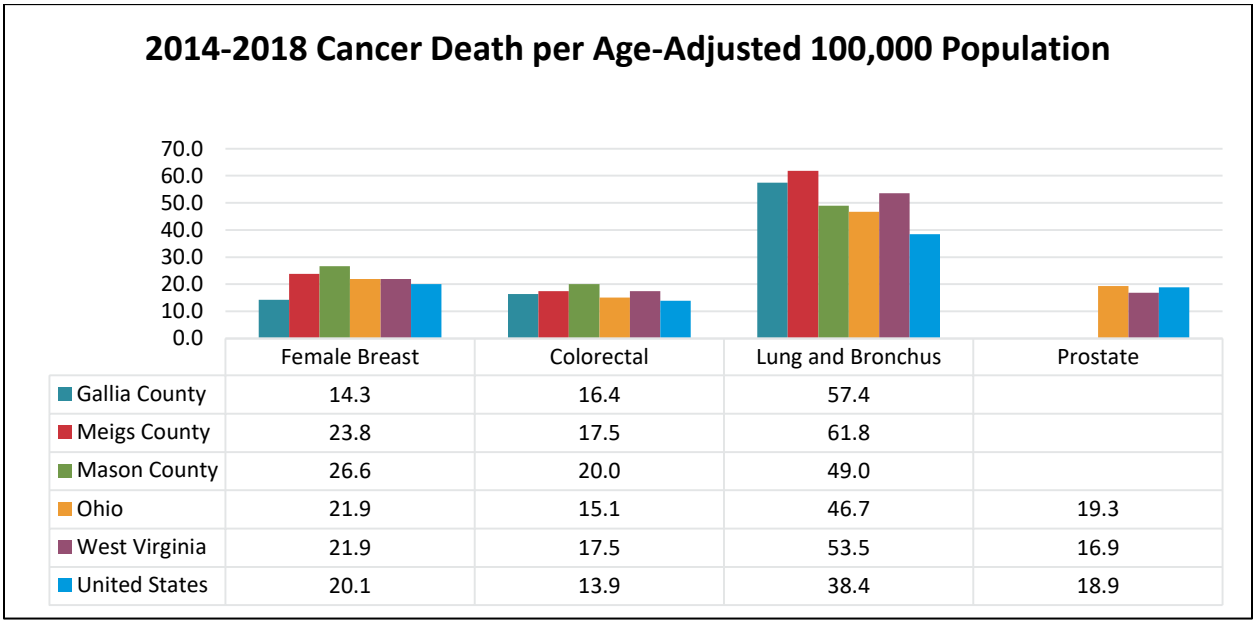


Source: Centers for Disease Control and Prevention



	Female Breast	Colorectal	Lung and Bronchus	Prostate
Gallia County	99.4	36.3	87.3	114.0
Meigs County	113.9	52.0	81.8	95.9
Mason County	95.9	53.1	82.1	93.4
Ohio	129.6	41.3	67.3	107.2
West Virginia	118.7	46.1	79.0	94.3
United States	126.9	38.1	57.3	106.4

Source: Centers for Disease Control and Prevention, United States Cancer Statistics



	Female Breast	Colorectal	Lung and Bronchus	Prostate
Gallia County	14.3	16.4	57.4	
Meigs County	23.8	17.5	61.8	
Mason County	26.6	20.0	49.0	
Ohio	21.9	15.1	46.7	19.3
West Virginia	21.9	17.5	53.5	16.9
United States	20.1	13.9	38.4	18.9

Source: Centers for Disease Control and Prevention
*Data by county are reported as available.

Respiratory Disease

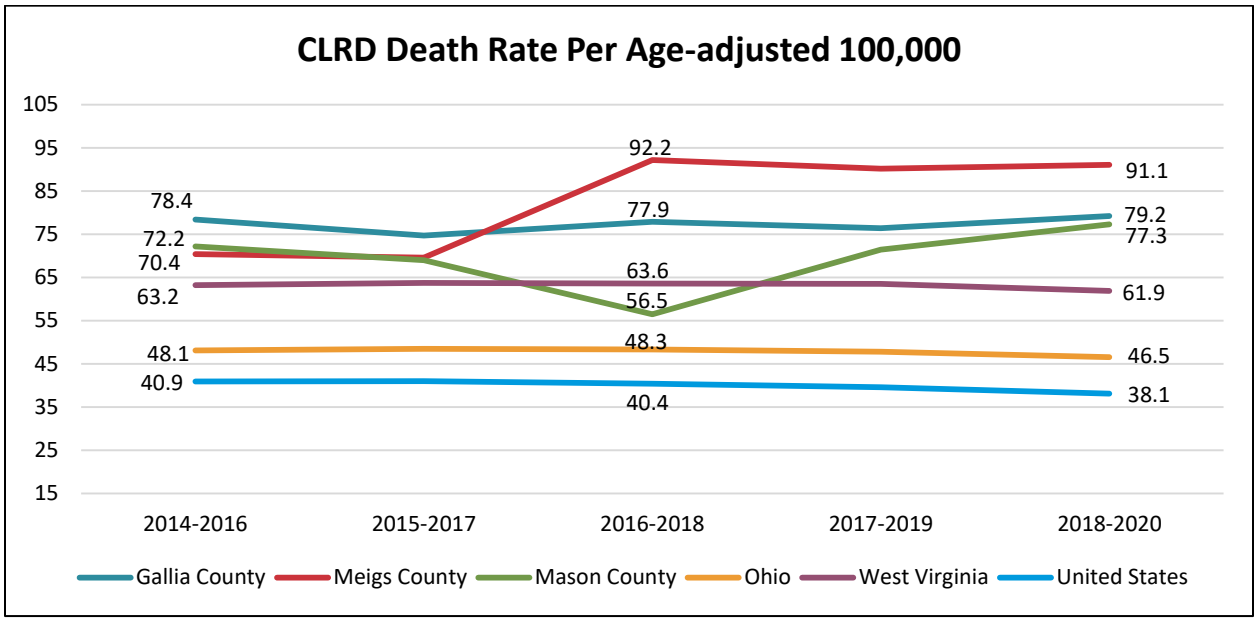
Chronic lower respiratory disease (CLRD) includes several chronic conditions of the respiratory tract, including chronic obstructive pulmonary disease (COPD). Adults living in Ohio and West Virginia, including the tri-county area, have a higher prevalence of COPD than the nation overall. This finding is consistent with higher reported tobacco use among residents. **All three counties also have a higher rate**

of death due to CLRD that exceeds state and national benchmarks. County death rates have generally increased or been stagnant in recent years, contrary to national trends.

2019 Age-Adjusted Adult COPD Diagnosis

	Adults with COPD
Gallia County, OH	10.1%
Meigs County, OH	10.9%
Mason County, WV	10.1%
Ohio	8.0%
West Virginia	10.5%
United States	5.9%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention

Aging Population

The tri-county area is aging at a faster rate than the nation overall, and older adults residing in these communities are generally less healthy than their peers nationally.

Among Medicare beneficiaries aged 65 or older, approximately 78-80% in the tri-county area have two or more chronic conditions compared to state and national averages of 70-75%. **In addition to having an overall higher proportion of older adult Medicare beneficiaries with two or more chronic conditions, all counties also have a higher proportion with six or more conditions.**

2018 Chronic Condition Comorbidities among Medicare Beneficiaries 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Gallia County, OH	20.1%	24.3%	25.4%	30.2%
Meigs County, OH	20.2%	25.0%	27.4%	27.4%
Mason County, WV	22.5%	26.4%	25.9%	25.2%
Ohio	27.6%	29.6%	23.4%	19.5%
West Virginia	24.9%	27.6%	24.8%	22.7%
United States	29.7%	29.4%	22.8%	18.2%

Source: Centers for Medicare & Medicaid Services

Older adult healthcare utilization and costs increase significantly with a higher number of reported chronic diseases. Tracking these indicators helps plan allocation of resources to best anticipate and serve need in the community. When compared to state and national benchmarks, **the tri-county area generally has lower per capita spending among older adult Medicare beneficiaries. Contrary to this finding, Meigs and Mason counties have a higher rate of emergency department (ED) visits among beneficiaries.** This finding may be due in part to overall primary care access barriers experienced by residents in these communities.

2018 Per Capita Standardized Spending* for Medicare Beneficiaries Aged 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Gallia County, OH	$1,049	$4,029	$8,231	$27,617
Meigs County, OH	$1,254	$4,367	$7,466	$25,067
Mason County, WV	$1,136	$4,182	$8,630	$25,884
Ohio	$1,799	$5,170	$10,259	$29,523
West Virginia	$1,410	$4,470	$9,084	$26,896
United States	$1,944	$5,502	$10,509	$29,045

Source: Centers for Medicare & Medicaid Services

*Standardized spending takes into account payment factors that are unrelated to the care provided (e.g. geographic variation in Medicare payment amounts).

2018 ED Visits per 1,000 Medicare Beneficiaries Aged 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Gallia County, OH	132	296	604	1,968
Meigs County, OH	155	398	692	2,174
Mason County, WV	155	411	796	2,006
Ohio	136	337	658	1,827
West Virginia	134	352	672	1,916
United States	123	318	621	1,719

Source: Centers for Medicare & Medicaid Services

Nationally, the most common chronic conditions among older adult Medicare beneficiaries, in order of prevalence, are hypertension, high cholesterol, and arthritis. This finding is consistent for the tri-county area.

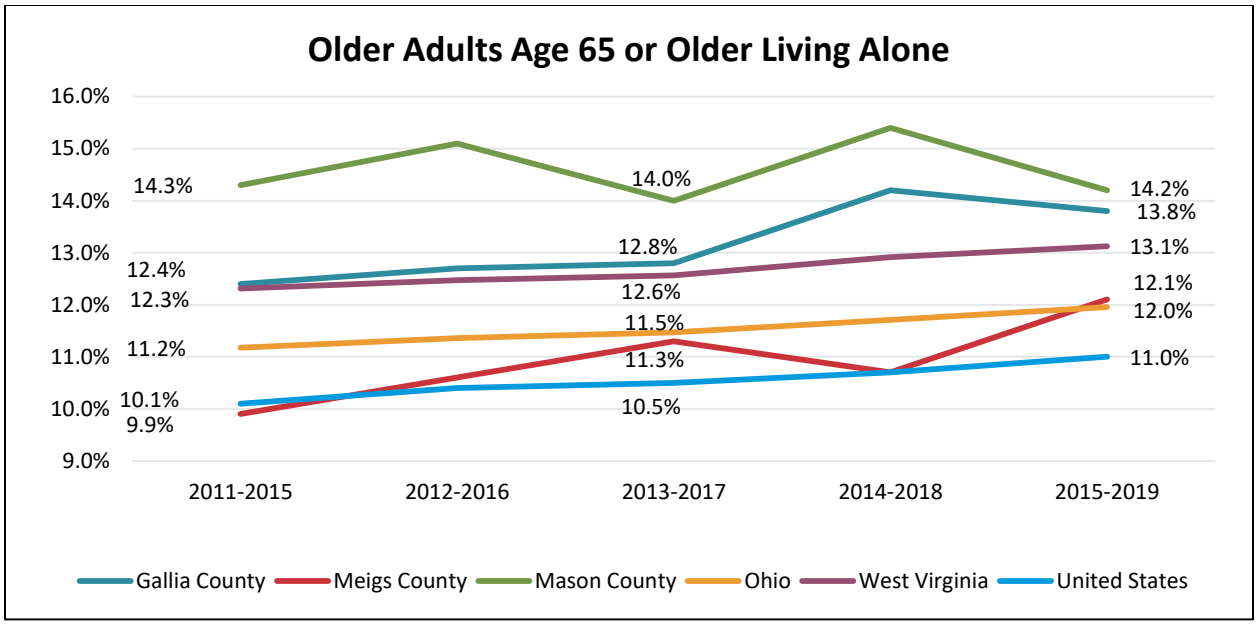
Ohio and West Virginia older adult Medicare beneficiaries generally have a higher prevalence of chronic disease compared to their peers across the nation. **Within the tri-county area, older adult Medicare beneficiaries have a notably higher prevalence of arthritis, chronic kidney disease, COPD, depression, diabetes, heart failure, high cholesterol, hypertension, and ischemic heart disease.**

2018 Chronic Condition Prevalence among Medicare Beneficiaries Aged 65 Years or Older

	Gallia County, OH	Meigs County, OH	Mason County, WV	Ohio	West Virginia	United States
Alzheimer's Disease	13.3%	12.8%	11.2%	11.4%	12.1%	11.9%
Arthritis	46.0%	44.1%	41.0%	37.6%	38.8%	34.6%
Asthma	5.5%	4.3%	5.3%	4.4%	4.5%	4.5%
Cancer	9.4%	8.2%	8.3%	9.4%	8.4%	9.3%
Chronic Kidney Disease	37.0%	32.8%	32.9%	25.9%	27.8%	24.9%
COPD	20.5%	22.1%	21.6%	12.8%	17.1%	11.4%
Depression	23.5%	23.7%	18.5%	17.7%	19.5%	16.0%
Diabetes	32.5%	33.6%	32.5%	27.5%	31.3%	27.1%
Heart Failure	19.2%	19.4%	20.0%	15.4%	16.5%	14.6%
High Cholesterol	64.1%	60.6%	56.8%	52.5%	54.8%	50.5%
Hypertension	70.2%	71.1%	67.8%	62.7%	66.1%	59.8%
Ischemic Heart Disease	37.8%	37.5%	36.5%	29.3%	34.5%	28.6%
Stroke	4.9%	4.8%	4.6%	4.0%	3.9%	3.9%

Source: Centers for Medicare & Medicaid Services

In older adults, chronic illness often leads to diminished quality of life and increased social isolation. Social isolation may also impede effective chronic illness management and accelerate the negative impact of chronic diseases. One indicator of social isolation among older adults is the percentage of adults aged 65 or older who live alone. **Tri-county area older adults are more likely to live alone when compared to their peers across the nation, particularly within Gallia and Mason counties.** Consistent with the nation, the proportion of older adults living alone generally increased despite variability across reporting years.

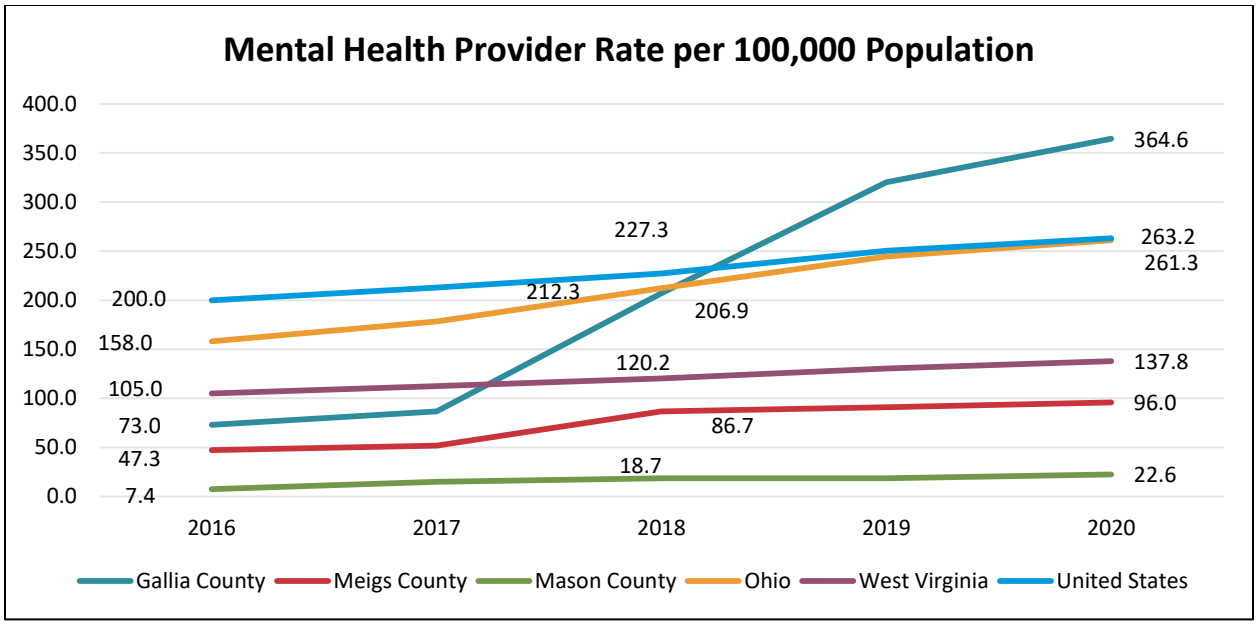


Source: US Census Bureau, American Community Survey

Behavioral Health

Access to mental health providers is improving across Ohio and West Virginia, although West Virginia continues to have a lower rate of providers than the nation. **All three counties comprising the PVH service area are designated HPSAs for mental healthcare, and Gallia and Meigs counties are designated as high needs HPSAs.** High needs HPSAs are areas with higher poverty, higher prevalence of substance use, and/or more vulnerable populations like youth and older adults. It is worth noting that Gallia County is a high needs HPSA despite having a higher provider rate than state and national benchmarks.

Note: The mental health provider rate includes psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among others. It does not account for potential shortages in specific provider types.



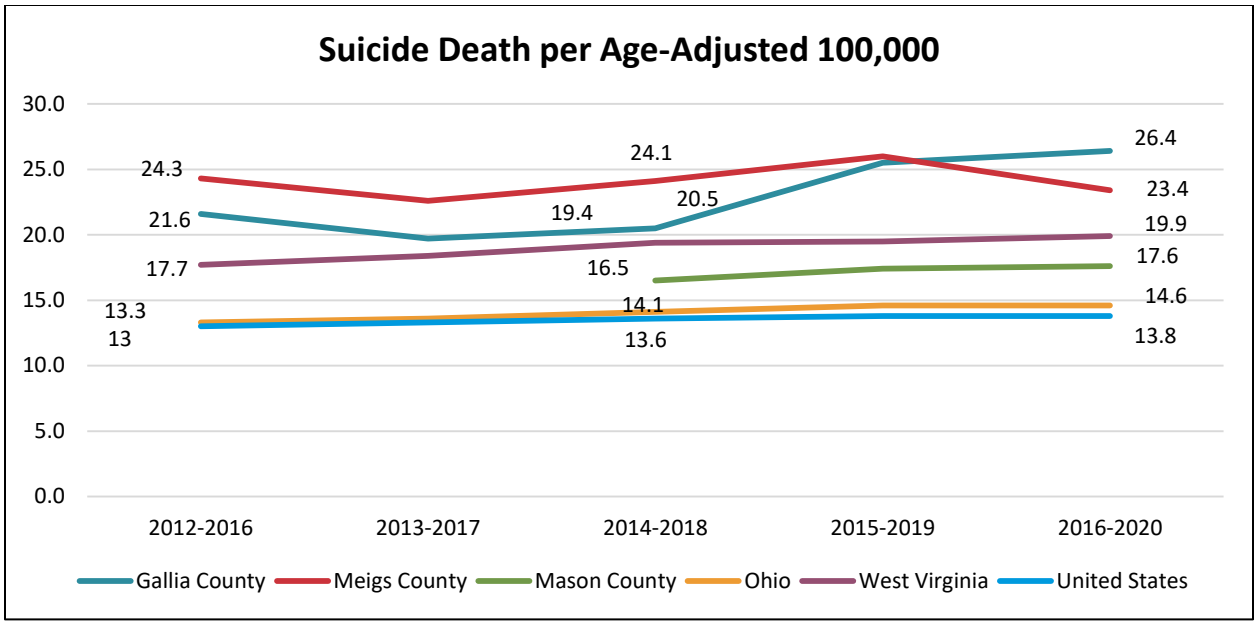
Source: Centers for Medicare and Medicaid Services

Adults in the tri-county area report a higher average of poor mental health days per month than their peers across the nation. Frequent mental distress is a risk factor for suicide. Consistent with West Virginia overall, the tri-county area has historically had a higher suicide death rate than the nation, and the death rate has generally increased in recent years. **Gallia and Meigs counties have a disproportionately higher suicide death rate, exceeding state and national benchmarks.**

2018 Age-Adjusted Adult (Age 18+) Poor Mental Health Days

	Average Mentally Unhealthy Days per Month
Gallia County, OH	5.4
Meigs County, OH	5.6
Mason County, WV	6.1
Ohio	4.8
West Virginia	5.8
United States	4.1

Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention
*Mason County data are not reported prior to 2014-2018 due to low death counts.

Substance Use Disorder

Substance use disorder affects a person's brain and behaviors and leads to an inability to control the use of substances which include alcohol, marijuana, and opioids, among others. Alcohol use disorder is the most prevalent addictive substance used among adults.

The tri-county area reports a similar prevalence of binge drinking among adults as state benchmarks overall, with slightly higher prevalence in Ohio than West Virginia. Despite this finding, Gallia and Mason counties report a higher proportion of driving deaths due to alcohol impairment, although the proportions are based on small death counts.

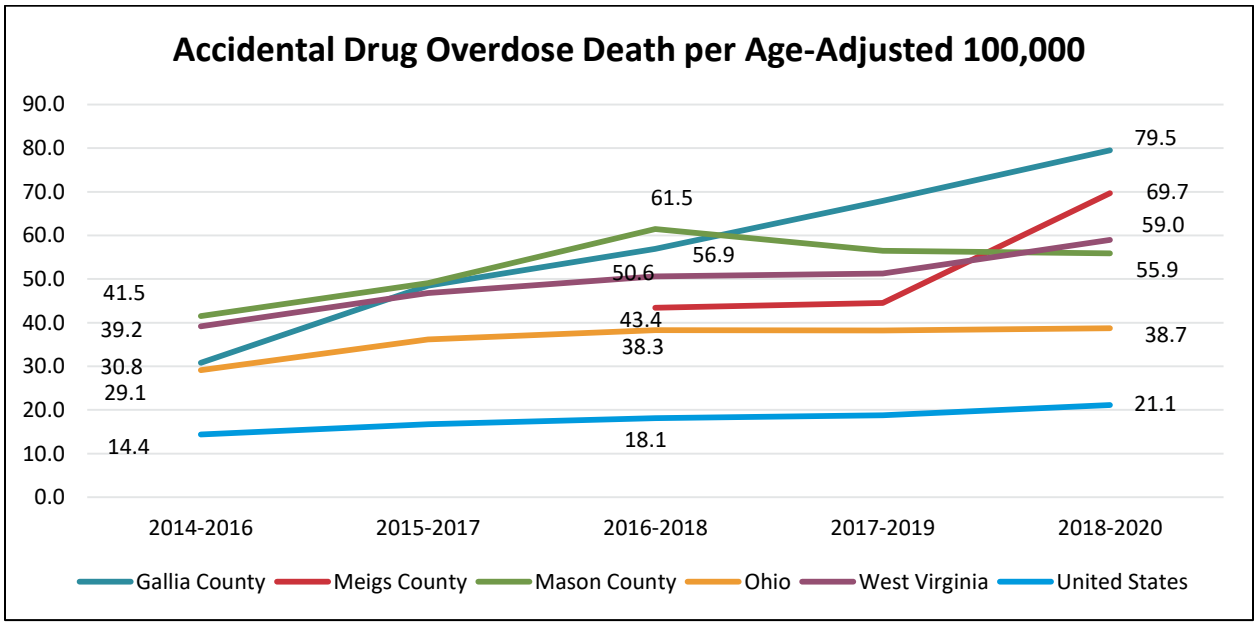
Alcohol Use Disorder Indicators

	2019 Adults Reporting Binge Drinking* (age-adjusted)	2015-2019 Driving Deaths due to Alcohol Impairment
Gallia County, OH	17.7%	33.3% (n=24)
Meigs County, OH	18.2%	24.1% (n=29)
Mason County, WV	14.7%	33.3% (n=21)
Ohio	19.2%	32.2%
West Virginia	14.1%	25.2%
United States	17.9%	27.0%

Source: Centers for Disease Control and Prevention, BRFSS
*Includes males having five or more drinks on one occasion and females having four or more drinks on one occasion.

Provisional data released by the CDC predicts that 2020 and 2021 brought the highest number of overdose deaths ever in the US. Ohio, and particularly West Virginia, have historically had more accidental drug overdose deaths than the nation and saw an increase in deaths in 2020. **From 2019 to 2020, the number of accidental overdose deaths occurring within West Virginia increased 55% from 826 to 1,283. In Ohio, the number of deaths increased 24.6% from 4,029 in 2019 to 5,021 in 2020.**

The tri-county area has historically had more accidental drug overdose deaths than state and national benchmarks. Among the counties, Gallia County has seen a sharp increase in deaths since 2014-2016 and has the highest rate of death in the region. Meigs County saw a more than 20-point increase in the death rate from 2019 to 2020. From 2018 to 2020, accidental overdose deaths total 64 in Gallia County, 43 in Meigs County, and 38 in Mason County.



Source: Centers for Disease Control and Prevention
*Meigs County data not reported prior to 2016-2018 due to low death counts.

Neonatal abstinence syndrome (NAS) is defined as an array of withdrawal symptoms that develop soon after birth in newborns exposed to addictive drugs while in the mother's womb. Although commonly associated with opioid exposure, other substances, including antidepressants and benzodiazepines, can also cause NAS. In addition to difficulties of withdrawal after birth, problems may include premature birth, seizures, respiratory distress, birth defects, poor growth, and other developmental problems.

The following table analyzes the occurrence of NAS among newborns within Ohio and West Virginia. The rate of NAS has historically been higher in this region, particularly in West Virginia, than the nation. The rate of NAS declined in 2019, but this trend should continue to be monitored in light of accidental overdose death trends reported for 2020.

2019 Neonatal Abstinence Syndrome per 1,000 Newborn Hospitalizations

	Ohio	West Virginia	United States
2015*	11.4	41.0	6.6
2016	11.6	48.1	7.0
2017	10.7	56.2	7.3
2018	11.0	49.6	6.8
2019	9.3	44.1	N/A

Source: Agency for Healthcare Research and Quality
*2015 values are based on the first three quarters of data using ICD-9-CM coding.

Youth Health

Behavioral Health

West Virginia students have also historically reported more suicide attempts compared to Ohio and the nation overall, and the percentage increased through 2019. Consistent with the nation, suicide attempts were more likely among females and students identifying as LGB. While Ohio students have historically reported fewer suicide attempts than the nation, the proportion accounts for nearly 1 in 10 students.

Suicide attempts among youth may be due in part to consistent feelings of sadness or hopelessness. **The proportion of students feeling consistently sad or hopeless increased nearly 10 points in West Virginia from 2013 to 2019, from 27.5% to 36.4%.**

High School Students Reporting an Attempted Suicide

	2013	2015	2017	2019
Ohio	6.2%	N/A	9.4%	6.8%
West Virginia	7.5%	9.9%	N/A	11.2%
United States	8.0%	8.6%	7.4%	8.9%

Source: Centers for Disease Control and Prevention, YRBS

2019 High School Students Reporting an Attempted Suicide

	Ohio	West Virginia	United States
Gender			
Female	6.2%	13.3%	11.0%
Male	7.4%	8.5%	6.6%
Race and Ethnicity			
White	4.1%	10.1%	7.9%
Black or African American	15.8%	NA	11.8%
Latinx origin (any race)	NA	NA	8.9%
Sexual Identity			
Lesbian, Gay, Bisexual (LGB)	21.6%	32.1%	23.4%
Straight	5.0%	7.3%	6.4%

Source: Centers for Disease Control and Prevention, YRBS

Substance Use Disorder

West Virginia high school students generally report higher use of substances, including traditional cigarettes, e-cigarettes, and alcohol, than their peers across the nation.

The proportion of high school students in Ohio and West Virginia using traditional cigarettes declined from 2013 to 2019, although it remains higher in West Virginia (13.5%) than the nation (6%). **West Virginia high school students are also slightly more likely to report using e-cigarettes, with approximately one-third of students reporting use in 2019.** Reported use was generally higher among White students and students identifying as LGB.

Consistent with the nation, alcohol is the most commonly used substance among Ohio and West Virginia high school students. **Contrary to national trends, overall alcohol use increased among West Virginia students in 2019, a trend that should continue to be monitored.**

High School Students Reporting Current (within past 30 days) E-Cigarette Use

	2015	2017	2019
Ohio	NA	NA	29.8%
West Virginia	31.2%	14.3%	35.7%
United States	24.1%	13.2%	32.7%

Source: Centers for Disease Control and Prevention, YRBS

2019 High School Students Reporting Current (within past 30 days) E-Cigarette Use

	Ohio	West Virginia	United States
Gender			
Female	29.3%	36.2%	33.5%
Male	30.3%	34.7%	32.0%
Race and Ethnicity			
White	32.1%	36.7%	38.3%
Black or African American	19.4%	NA	19.7%
Latinx origin (any race)	26.1%	NA	31.2%
Sexual Identity			
Lesbian, Gay, Bisexual (LGB)	37.3%	40.3%	34.1%
Straight	28.5%	34.7%	32.8%

Source: Centers for Disease Control and Prevention, YRBS

High School Students Reporting Current (within past 30 days) Alcohol Use

	2013	2015	2017	2019
Ohio	29.5%	NA	NA	25.9%
West Virginia	37.1%	31.1%	27.9%	30.0%
United States	34.9%	32.8%	29.8%	29.1%

Source: Centers for Disease Control and Prevention, YRBS

Overweight and Obesity

Childhood obesity is a persistent and significant threat to the long-term health of today's youth. The CDC reports that children who have obesity are more likely to have high blood pressure and high cholesterol; glucose intolerance, insulin resistance, and type 2 diabetes; breathing problems like asthma and sleep apnea; joint and musculoskeletal problems; and psychological and social problems, such as anxiety, depression, low self-esteem, and bullying; among other concerns.

West Virginia high school students have historically higher prevalence of obesity than the nation, and prevalence increased annually since 2013. In both Ohio and West Virginia, the most at-risk populations for youth obesity in 2019 were males, students of color, and/or students identifying as lesbian, gay, or bisexual (LGB).

High School Students with Obesity

	2013	2015	2017	2019
Ohio	13.0%	N/A	N/A	16.8%
West Virginia	15.6%	17.9%	19.5%	22.9%
United States	13.7%	13.9%	14.8%	15.5%

Source: Centers for Disease Control and Prevention, YRBS

2019 High School Students with Obesity

	Ohio	West Virginia	United States
Gender			
Female	13.3%	20.2%	11.9%
Male	20.0%	25.5%	18.9%
Race and Ethnicity			
White	15.2%	22.4%	13.1%
Black or African American	21.5%	N/A	21.1%
Latinx origin (any race)	25.1%	N/A	19.2%
Sexual Identity			
Lesbian, Gay, Bisexual (LGB)	25.9%	27.1%	21.0%
Straight	15.4%	21.7%	14.4%

Source: Centers for Disease Control and Prevention, YRBS

Maternal and Infant Health

Consistent with the nation, the birth rate has declined across Ohio and West Virginia. As of 2020, West Virginia had a slightly lower birth rate than the nation, while Ohio had a similar birth rate. Across both states, the highest rate of births occurred among Latinx. This finding is consistent with racial and ethnic population and growth trends.

2019 Births and Birth Rate per 1,000 Population by Race and Ethnicity

	Total Births	Birth Rate per 1,000	White, Non-Hispanic Birth Rate	Black/African American, Non-Hispanic Birth Rate	Latinx Birth Rate
Ohio	134,461	11.5	10.4	15.2	16.4
West Virginia	18,136	10.1	10.0	9.9	12.3
United States	3,747,540	11.4	9.8	13.4	14.6

Source: Centers for Disease Control and Prevention

Consistent maternal and infant health needs within the region include teen births and smoking during pregnancy, although both declined since 2015. These issues are most prevalent within West Virginia, where the teen birth rate is 50% higher than the nation and 23% of pregnant people report smoking during pregnancy.

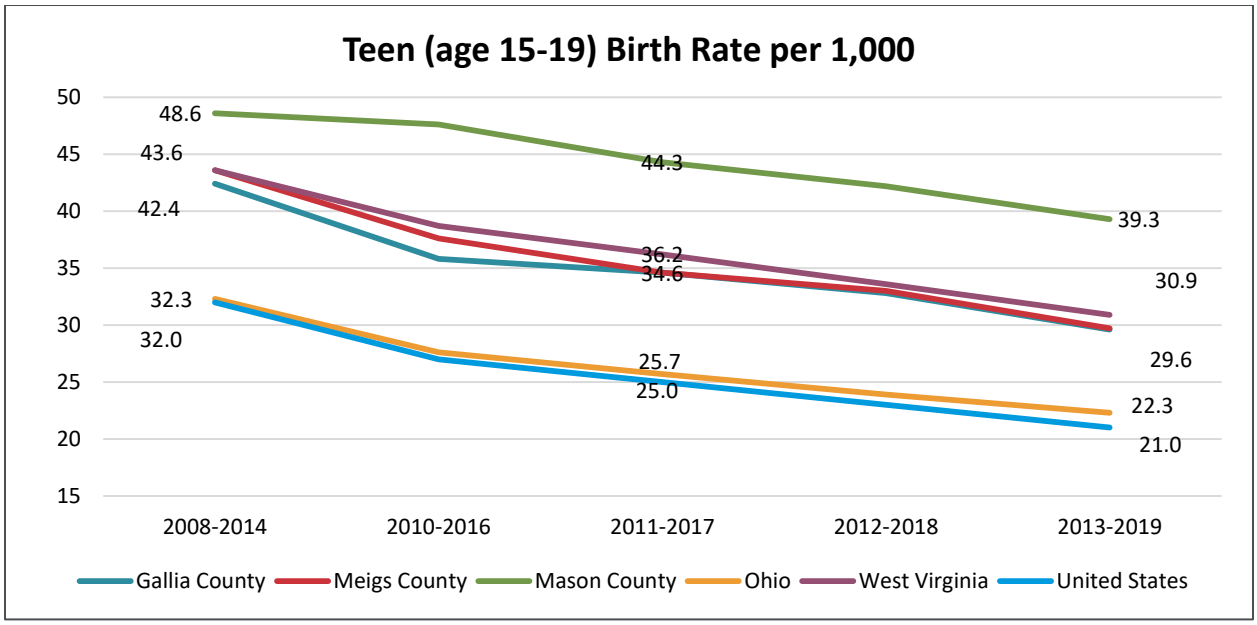
West Virginia overall also experiences disparate outcomes for premature and low birth weight births relative to the nation, although both states experience disparate outcomes for these measures for Black/African Americans than Whites. **Nearly 1 in 5 Black/African American infants in Ohio and West Virginia are born premature and/or with low birth weight compared to approximately 1 in 10 White infants.** Within Ohio, these disparities are due in part to unequal access to prenatal care.

2019 State and National Maternal and Infant Health Indicators by Race and Ethnicity

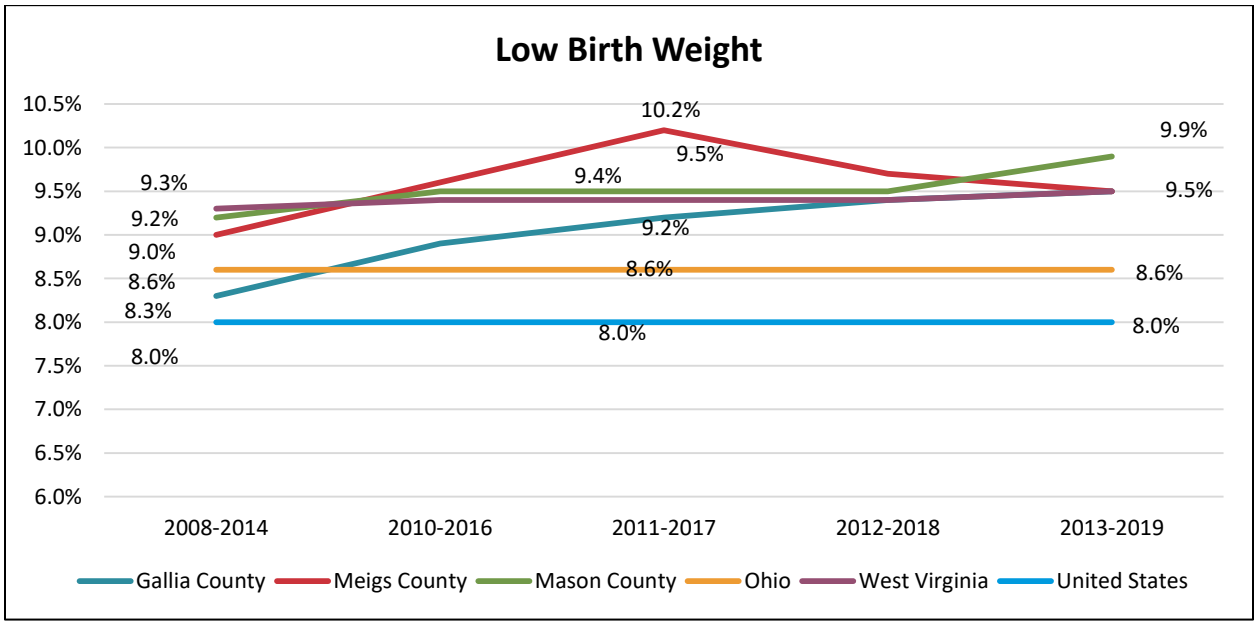
	Teen (15-19) Birth Rate per 1,000	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking during Pregnancy
Ohio	18.8	77.0%	10.5%	8.6%	88.2%
White, Non-Hispanic	14.5	80.3%	9.6%	7.2%	86.6%
Black/African American, Non-Hispanic	35.5	67.4%	14.1%	13.9%	91.5%
Latinx (any origin)	30.6	67.7%	10.5%	7.8%	94.5%
West Virginia	25.2	79.6%	12.6%	9.8%	77.0%
White, Non-Hispanic	25.2	80.3%	12.5%	9.5%	76.7%
Black/African American, Non-Hispanic	25.9	77.4%	17.6%	17.1%	80.5%
Latinx (any origin)	20.0	67.1%	8.4%	6.8%	88.3%
United States	16.7	77.6%	10.2%	8.3%	94.0%
White, Non-Hispanic	11.4	82.8%	9.3%	6.9%	91.2%
Black/African American, Non-Hispanic	25.8	67.6%	14.4%	14.2%	95.2%
Latinx (any origin)	25.3	72.1%	10.0%	7.6%	98.5%
HP2030 Goal	NA	80.5%	9.4%	NA	95.7%

Source: Centers for Disease Control and Prevention

Select maternal and infant health data for the tri-county area are trended as available. Consistent with the state and nation, teen births declined for all counties, although current rates remain higher than state and national benchmarks. Similarly, a higher proportion of infants in all three counties are born with low birth weight when compared to state and national benchmarks. **Of note, the proportion of low birth weight births increased in Gallia and Mason counties.**



Source: Centers for Disease Control and Prevention, National Vital Statistics



Source: Centers for Disease Control and Prevention, National Vital Statistics

The tables below depict infant, child, and maternal death rates by geography as available. Ohio and West Virginia have a slightly higher infant death rate than the US, and consistent with national disparities, the death rate is 2-3 times higher for Black/African Americans than Whites. A similar disparity is seen for child and maternal death rates. Of note, Mason County reports a higher overall child death rate than both the state and nation, with 17 reported deaths from 2016 to 2019.

Infant and Child Deaths

	2013-2019 Infant Deaths per 1,000 Live Births	2016-2019 Child Deaths Under Age 18 per 100,000
Gallia County, OH	9.0 (n=23)	54.6 (n=15)
Meigs County, OH	NA	NA
Mason County, WV	NA	75.9 (n=17)
Ohio	7.2 (n=6,853)	58.6
White, Non-Hispanic	5.6	47.0
Black/African American, Non-Hispanic	15.0	113.9
Latinx (any origin)	5.9	49.0
West Virginia	7.0 (n=955)	57.5 (n=844)
White, Non-Hispanic	6.8	56.0
Black/African American, Non-Hispanic	12.3	101.0
Latinx (any origin)	NA	36.7
United States	6.0	50.0
HP2030 Goal	5.0	NA

Source: Centers for Disease Control and Prevention

2019 Maternal Deaths* per 100,000 Live Births

	Total Death Rate	White, Non-Hispanic	Black/African American, Non-Hispanic	Latinx Death Rate
Ohio	23.8	NA	NA	NA
West Virginia	NA	NA	NA	NA
United States	20.1	17.9	44.0	12.6
HP2030 Goal	15.7	--	--	--

Source: Centers for Disease Control and Prevention, America's Health Rankings
*Maternal deaths include deaths of pregnant people or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management.

Research findings from secondary data analysis were compared to community partner feedback to compare perceptions to statistical data, identify root causes, and contextualize data trends and contributing factors for identified health needs.

Key Stakeholder Survey

Background

An online Key Stakeholder Survey was conducted with community representatives to solicit information about local health needs and opportunities for improvement. Community representatives included healthcare and social service providers; public health experts; civic, social, and faith-based agencies; policy makers and elected officials; and others representing diverse community populations.

A total of 112 individuals responded to the survey. A list of the represented community organizations and the participants' respective titles is included in Appendix B.

More than 90% of stakeholders served Mason County in West Virginia. Approximately one-quarter of stakeholders served the neighboring counties of Gallia and Meigs. Nearly 60% of stakeholders served all populations. Among stakeholders who served specific population groups, the most served populations were older adults/elderly, low-income/poor individuals or families, and young adults.

Primary Geographies Served by Key Stakeholder Survey Participants

	Number of Participants	Percent of Total
Mason County, WV	103	92.0%
Gallia County, OH	32	28.6%
Meigs County, OH	26	23.2%
Jackson County, WV	19	17.0%
Other*	4	3.6%

*Other responses: out of state metros, neighboring counties (e.g., Cabell), housing complex

Primary Populations Served by Key Stakeholder Survey Participants

	Number of Participants	Percent of Total
No specific focus-serve all populations	67	59.8%
Older adults/Elderly	45	40.2%
Low Income/Poor individuals or families	38	33.9%
Young adults (19-24)	25	22.3%
Uninsured/Underinsured	21	18.8%
Disabled/Differently abled	17	15.2%
Adolescents (age 12-18)	16	14.3%
Children (age 0-11)	12	10.7%
Homeless individuals or families	11	9.8%
LGBTQ+ Community	6	5.4%
African American/Black	3	2.7%
Hispanic/Latinx	3	2.7%
American Indian/Alaska Native/Indigenous	2	1.8%
Asian/South Asian	2	1.8%
Pregnant or postpartum people	2	1.8%
Faith-based community	2	1.8%
Other	2	1.8%
Pacific Islander/Native Hawaiian	1	0.9%

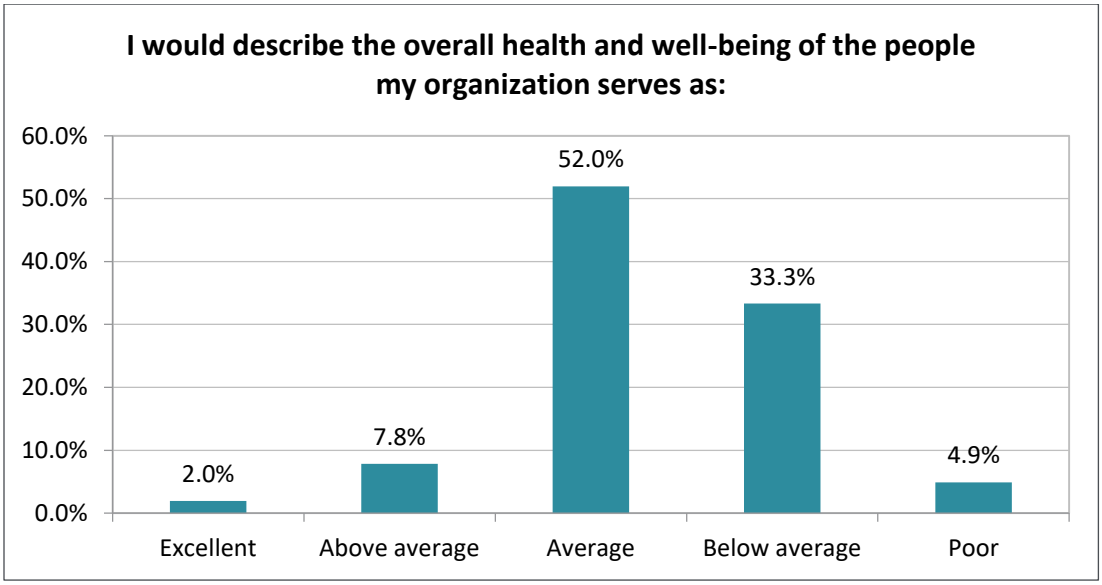
Survey Findings

Health and Quality of Life

Thinking about the people their organization serves, key stakeholders were asked to describe the overall health and well-being of individuals and the most critical health and quality of life issues affecting them. Key stakeholders rank ordered up to five issues, selecting from a wide-ranging list of options. An option to "write in" any issue not included on the list was provided.

Approximately 52% of stakeholders described overall health and well-being as "average." More than one-third of stakeholders s described overall health and well-being as "below average" or "poor," indicating widespread perceptions of opportunity for health improvement.

When asked to identify the most critical health and quality of life issues affecting the people their organization serves, more than 1 in 5 key stakeholders selected the ability to afford healthcare as the #1 issue, although issues identified among the top five concerns varied widely. Approximately half of stakeholders identified overweight/obesity and/or diabetes as top five issues. Other concerns identified by approximately one-third of stakeholders included substance use disorder, cancers, heart disease and stroke, and economic stability.



What do you consider the most critical health and quality of life issues for the people your organization serves? Top Key Stakeholder Selections.

	Selected as #1 Issue		Selected as a Top 5 Issue	
	Number of Participants	Percent of Total	Number of Participants	Percent of Total
Ability to afford healthcare	19	21.4%	32	36.0%
Overweight/Obesity	8	9.0%	40	44.9%
Diabetes	8	9.0%	49	55.1%
Substance use disorder (dependence/ misuse of opiates, heroin, etc.)	8	9.0%	27	30.3%
Cancers	8	9.0%	31	34.8%
Heart disease and stroke	7	7.9%	35	39.3%
Economic stability (employment, poverty, cost of living)	5	5.6%	27	30.3%
COVID-19 pandemic	5	5.6%	10	11.2%
Mental health conditions	3	3.4%	21	23.6%
Older adult health concerns	3	3.4%	17	19.1%

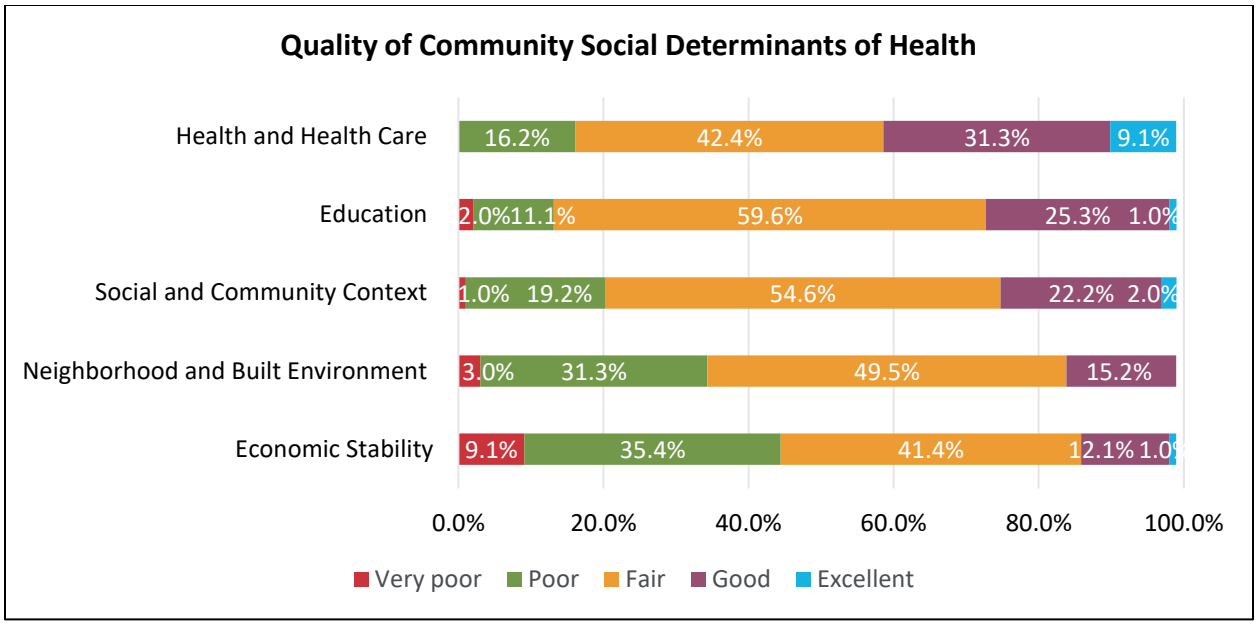
In a follow-up question, key stakeholders were asked to rate the quality of the social determinants of health (SDoH) within the community their organization serves, focusing on the five key domains identified by Healthy People 2030: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Ratings were provided using a scale of (1) “very poor” to (5) “excellent.”

The mean score for each SDoH domain is listed in the table below in rank order, followed by a graph showing the scoring frequency. Health and healthcare was seen as the strongest community SDoH with the highest overall mean score and 40.4% of stakeholders rating it as “excellent.” Consistent with identified health and quality of life issues affecting residents, economic stability was seen as the weakest SDoH, with 44.4% rating it as “very poor” or “poor.”

Approximately 25.3% (n=25) of stakeholders stated that their organization currently screens the people their organization serves for the needs related to SDoH.

Ranking of Social Determinants of Health in Descending Order by Mean Score

	Mean Score
Health and Healthcare (e.g., access to healthcare, access to primary care, health literacy)	3.34
Education (e.g., high school graduation, enrollment in higher education, language and literacy, early childhood education and development)	3.12
Social and Community Context (e.g., sense of community, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)	3.05
Neighborhood and Built Environment (e.g., access to healthy foods, quality of housing, crime and violence, environmental conditions, transportation)	2.78
Economic Stability (e.g., poverty, employment, food security, housing stability)	2.60



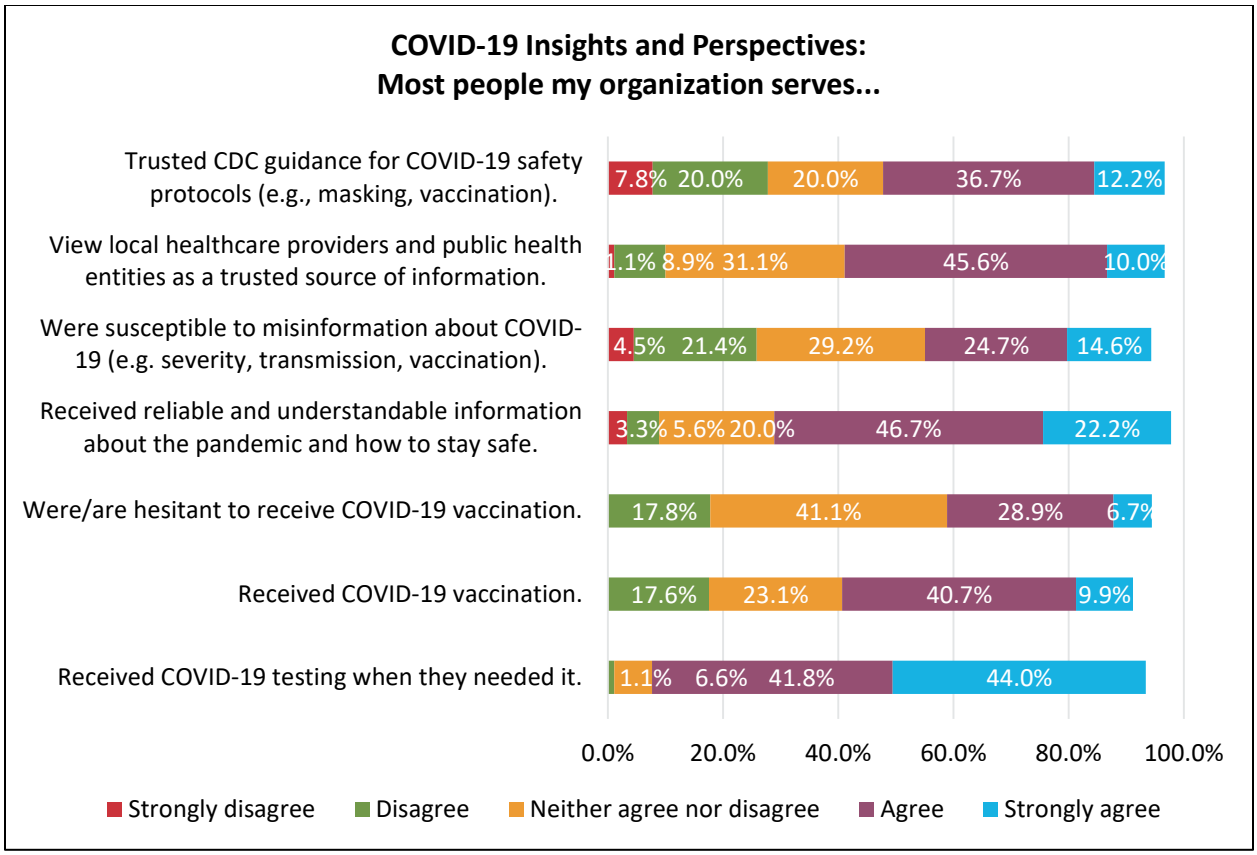
COVID-19 Insights and Perspectives

COVID-19 had a significant impact on key stakeholder organizations. Approximately 38.5% "agreed" and 26.4% "strongly agreed" that more people needed their organization's services since the pandemic.

Thinking about the people their organization serves, key stakeholders were asked to rate their level of agreement with a variety of statements about COVID-19, including availability of testing, vaccination, and reliable information; susceptibility to misinformation; and likeliness to follow recommended safety protocols. Their responses are shown in the graph on the following page.

The majority of key stakeholders "agreed" or "strongly agreed" that COVID-19 testing and reliable information were available to the people their organization serves. It is worth noting that despite access to these services, only 50.6% of stakeholders "agreed" or "strongly agreed" that the individuals they serve received COVID-19 vaccination and 35.6% of individuals were/are hesitant to receive COVID-19 vaccination.

Approximately 39% of stakeholders "agreed" or "strongly agreed" that individuals were susceptible to misinformation about COVID-19. While the CDC was identified among the top sources for trusted COVID-19 information, nearly 28% of stakeholders identified mistrust in CDC guidance among the people their organization serves. Other top sources for trusted COVID-19 information included family primary care providers and local or state health departments.



What were the most trusted sources of information about COVID-19 among the people your organization serves?

	Selected as #1 Source		Selected as a Top 3 Source	
	Number of Participants	Percent of Total	Number of Participants	Percent of Total
Centers for Disease Control and Prevention (CDC)	26	30.2%	42	48.8%
Their family doctor	21	24.4%	53	50.0%
Local or state health departments	16	18.6%	44	51.2%
National news source/media	4	4.7%	14	16.3%
Local news source/media	4	4.7%	11	12.8%
Social media	3	3.5%	15	17.4%
Friends/Family	3	3.5%	19	22.1%
Other healthcare providers	2	2.3%	12	14.0%
Pleasant Valley Hospital	1	1.2%	21	24.4%
Political leaders	1	1.2%	2	2.3%
Social service providers	1	1.2%	1	1.2%
Religious/Faith leaders	0	0.0%	6	7.0%

Key stakeholders were asked to share recommendations for how communication about COVID-19 could have been improved for the populations their organization serves. Recommendations identified the need for clear language that was consistently communicated across community agencies, as well as use of diverse media such as community newsletters or meetings. Select verbatim comments by stakeholders are included below.

- *"A line of clear communication that was clear and consistent among all department amongst our agency."*
- *"Brief meetings in neighborhoods, representatives with information at stores."*
- *"Generally the information available across sources seems to be contradictory and inconsistent It made little sense to many people."*
- *"Health breaks on news and media from providers."*
- *"I actually think we, as a nation facing the unknowns with this pandemic, didn't really do so well handling the pandemic overall. Policies and procedures were in place, but a true nationwide response system was not in place. This was no "practice runs" - this was happening! The results on healthcare providers and the healthcare system, and especially the general population have been devastating. To hear of a frightening, contagious pandemic invading your country first of all, then your region of your country, then your state, then your community while realizing information / guidelines were changing daily was the most profound feeling of medical fear/uncertainty one can experience. I do feel we all would fare much better with less loss of loved ones and a better response overall from the healthcare industry should another pandemic arise. But PVH has come out of this pandemic as a crucial leader, a messenger of news, protocol, solutions - all reducing fear and creating order in this time of uncertainty. Thank you wholeheartedly to the leadership at PVH and the employees for everything!"*
- *"I believe there could be more communication with the employees about changes in Policy about Covid when returning to work."*
- *"Marshall University provided excellent communication to all students, faculty, and staff."*
- *"Maybe worked more closely with religious leaders to explain facts."*
- *"More information needed to be available about what to do if you became infected."*
- *"Small businesses and events relied mostly on information from the local health department, information that was typically within parameters but vague until the week or exact day of an event being held. Making tough decisions further in advance and being clear up front that these event cancellations and business closures would likely be necessary rather than waiting until the day of, would have helped. COVID was unpredictable, but by the summer of 2020, it was clear that it was not going to go away soon, and a clear-cut decisions to cancel major events for the next year could have been made then."*
- *"The seriousness of Covid-19 was taken very lightly in our community. By being a small hospital, we could use our statistics to let them know what is happening with health here in our community. When it hits bad close to home it is taken more serious. Us protecting ourselves to be able to talk to family and the covid patients without them feeling like they were being neglected because they were contagious make a big difference in how they see us being able to help them."*

Community Resources to Impact Health

Key stakeholders were asked to identify resources or services that are needed within the community to improve health and quality of life for residents. Stakeholders' rank ordered up to three free-form responses with #1 as the top missing resource or service. The following table summarizes the top identified needs by category and number of mentions by participants.

Community Resources or Services	#1 Need	Top 3 Need
	Number of Mentions	Number of Mentions
Community health education (healthy lifestyles, substance use, chronic disease management)	8	16
Specialty care (urology, cancer, neurology, orthopedics, general surgery, diabetes, gynecology)	7	16
Affordable healthcare (prescriptions, insurance, free clinic)	6	7
Mental health services	5	8
Accessible and affordable exercise opportunities	3	7
Affordable/Better housing	3	4
Transportation	2	10
Access to affordable, healthy foods (grocery stores, food banks, restaurants)	2	9
Substance use disorder treatment/prevention	2	6

Community Health Improvement Recommendations

Lastly, key stakeholders were asked how local health and human service organizations, including Pleasant Valley Hospital, could improve health and well-being for residents. Stakeholders were invited to provide free-form comments about the topics. Select verbatim comments are included below.

- *"Affordable dental care."*
- *"Education for diabetes and how they should eat correctly."*
- *"Frequent and affordable testing and healthcare."*
- *"Have more free services to improve health, weight, diabetes, etc."*
- *"I think healthier food options within our area would be a great place to start."*
- *"I'd like to see more services geared toward health being offered. Physical, mental and dietary health instructions. Just yesterday, I googled the average calorie intake was recommended for my age/sex so I could reduce my intake to lose about 15 pounds. But the drug epidemic and broken families issues are in the forefront. Children are our future. Our area is ravaged and spiraling out of control with this plague of addiction. I think a forum of various voices needs to launch key initiatives in several sectors at once. Not start here, then we'll do this, then this. Launch maybe 5 areas of response in key areas. Just a thought"*
- *"Implement life skills training for HS students & those receiving services through DHHR. Should include how to budget, value-based food shopping, cooking, general health information. Implement free Community Health Worker Training. Offer student loan forgiveness for Mental Health Education. Open an inpatient mental health facility that serves different populations including children and adolescents."*

- *“Improve training and services provided by the rural healthcare clinic.”*
- *“Make health management available thru our insurance.”*
- *“More information about the availability of the programs through ads, billboards, etc.”*
- *“More recreation/exercise options, produce/vegetable vouchers, lead by example with onsite screenings/health education.”*
- *“Need Psych at Pleasant Valley Hospital. Help-4WV requires that social services providers have a hospital recommendation in order to secure emergency mental health services for clients. This is not currently available in our community and makes treatment for the severely mentally ill nearly impossible to secure.”*
- *“Screen elderly and debilitated patients at home and identify social problems before the patients are left in the hospital by family stating they can't care for them anymore. Should be able to assist with swing, rehab or SNF from home when needs are identified early.”*
- *“Target communities and neighborhoods where certain disease categories are more prevalent and target intervention into those communities.”*
- *“We need services, activities and leaders who will lift up the kids and young adults who don't come from good families, aren't involved in sports and extracurricular activities. Maybe making them leaders in a healthy living program, with both adults and peer support for the struggling kids. Unfortunately, the youth who aren't growing aren't being watered.”*

Community Conversations

Background

As part of the 2022 CHNA, PVH hosted a Partner Meeting and Focus Group on June 21, 2022. The Partner Meeting convened 11 people representing various health and social service agencies, including PVH. A list of participants and their respective organization is included in Appendix C. The Focus Group convened nine community residents. Focus Group participant names are withheld for confidentiality.

The objective of the Partner Meeting was to share data from the CHNA and garner feedback on community health priorities. Group dialogue was facilitated to discuss research findings, the impact of COVID-19 on communities, and new or innovative opportunities to support recovery efforts.

The Focus Group was conducted with female representatives and caregivers. The objectives of the Focus Group were to better understand perceptions and experiences during the COVID-19 pandemic and its impact on health and social needs; assess preferences and best practices for receiving healthcare; and identify available and needed community resources to support health and well-being.

A summary of key discussion takeaways from the Partner Meeting and Focus Group follows.

Partner Meeting Feedback

Challenges Brought About by COVID

Community partners identified the following challenges brought about by COVID that will take the community the longest time to recover from:

- Lost learning and too much screen time among youth, contributing to delays in academics, development, and social emotional learning
- Mental health concerns, particularly among elderly who were socially isolated and experienced fear as one of the most at-risk populations for COVID
- Physical health challenges brought on by weight gain, physical inactivity, and delayed healthcare
- Reengaging residents as part of the community, reestablishing sense of community
- Workforce challenges, including labor shortages and competition with remote jobs that allow residents to work outside the community

Redirecting Resources to Respond to COVID Challenges

The community was perceived as “generous,” with residents who look out for each other and are willing to donate to needed services and programs. Community partners recommended leveraging community generosity and partnerships to implement the following strategies to address some of the challenges brought about by COVID:

- Better promotion of existing programs to support health and well-being
- Leverage existing services like daycare centers, youth sports, afterschool and summer camp programs, and 4-H to better understand and respond to family needs and reengage youth

- Partner with middle schools and high schools to establish career development programs and create paid internships; align career development with emerging and/or needed industries
- Reestablish volunteer workforce by addressing lingering COVID fears and adapting volunteer opportunities to align with new schedules and lifestyles altered by the pandemic
- Train more inexperienced and non-management level staff to fill leadership gaps within organizations

COVID Responses That Can Continue to Benefit Residents

New virtual and mobile services implemented due to COVID were successful in addressing access barriers and expanding delivery to more residents:

- Schools addressed internet broadband barriers and continued to provide needed food to students with mobile bus hotspots and delivered meals
- Telehealth was perceived as "wonderful" for creating healthcare access during the pandemic, and addressing ongoing transportation and mobility issues among patients
- Ongoing efforts are needed to support statewide infrastructure for broadband and cell phone service

Significant Accomplishments to Build On

While behavioral health continues to be a concern for the community, and was exacerbated by the pandemic, PVH and other community partners have been successful in responding to the needs of the community and "meeting people where they are." The following were seen as community successes:

- Behavioral health stigma has declined as residents recognize it can impact anybody
- Community-wide Narcan distribution has helped save lives
- Expanded community services, including PVH's BreakThru Medical Withdrawal Management Service, My Hope for Tomorrow, Prestera, and EMS support, among others
- Sponsorship of Substance Use Disorder Awareness Day to promote community education and awareness of available services

Focus Group Feedback

Challenges Brought About by COVID

The pandemic had a negative impact on the health and well-being of participants and their community, as shared by their experience:

- Key words describing participant experience: "confused," "fear," "isolation," "division," "anxiety"
    - "Our children missed out in their development, education, social life."
    - "Self-care suffered because people didn't know what they could do. Can we go out and walk?" "People were stuck in new habits of Netflix and Doordash."
    - "The pandemic divided families. The people who felt it was not real. Vaxers versus anti-vaxers. Left versus right." "You can't be in the middle; you have to pick a side."

- "We didn't know how bad it was going to be, so we didn't know how to react."

- Healing from the pandemic will require more emotional than physical support
  - "We need to rebuild trust."
  - "There's still a lot of misinformation, and we don't know who to believe. For example, vaccination at five months old... that's scary."
- Addiction and behavioral health were concerns before the pandemic and "skyrocketed" during the last two years; participants were concerned that residents weren't getting needed resources
  - "We are a heavily faith-based community. We just say we'll pray for you."
  - "More people are searching for answers online. I'm not sure they're getting the best resources."
  - Participants perceived that while there are different options for finding addiction and behavioral health resources (e.g., primary care, internet) there is not one centralized information source, which is a barrier to access

Primary Healthcare Experiences

Participants used various sources to find their primary care provider, including word of mouth, convenience or location, and Mountain Health Network Senior Health Fair. When asked to describe what they look for in a primary care provider, participants identified the following characteristics:

- "They look like me." (e.g., age, weight, has children)
  - "When I get on the scale, I don't want to look at someone who is 110lbs soaking wet. I want someone that I can relate to."
- "They listen to me."
  - "They don't just write a prescription without fully listening."
  - "They don't automatically blame it on your age."
- "They know the area." Participants perceived that many of the doctors aren't from the area, while mid-level providers know the community and are more relatable.
  - "The doctors aren't Appalachian."

Participants could almost always get an appointment when needed but were frustrated that it may not be with their provider.

- "It's a lot easier to get in to see the nurse practitioner versus my doctor."
- "I didn't love seeing someone else. I didn't know him, didn't put much stock into what he said. I felt let down by not seeing my doctor, I left the practice."
- "Education matters. I need to know that the reason I was in there will be communicated with my provider."

Participants valued the convenience of communicating with their provider via technology, but still sought personal connection. Participants preferred to receive communication by phone call or text message. They were most comfortable using patient portals to view test results or refill prescriptions.

- "If my test results are normal, I'm okay with getting a text. If they're not, I want a call."
- "I don't like being sent to a call center. You often don't get the input of when you're scheduled. It's just not personable."
- "They should include personal things in charts that create human connection. When I call in to make an appointment for my mother, they ask personal questions. 'Oh, her cat was sick. How's it feeling?'"

Participants used various sources for health information, including the internet, primary care provider, word of mouth, and social media. Social media was seen as the most readily available source of information and an opportunity for promoting health events and programs. Participants recommended combining health events with other fun events like festivals, community gatherings, spa day, or food.

Telehealth was seen as convenient for more timely access to care or non-urgent needs (e.g., prescription refill, pre-operation instruction). Participants preferred in-person care when they were experiencing symptoms or were sick.

- "If I had a choice between getting telehealth next week or in-person in six weeks, I would take the telehealth."
- "It (telehealth) has it's time and place. It's very visit specific."
- "I like that it cuts my time out of the office."
- "For older adults, actually seeing the doctor's face (FaceTime) makes a difference. They're paying attention, it's still engaging."

When asked what services they travel outside of the community for, participants cited dermatology, obstetrics, and orthopedics. Traveling outside of the community for care was generally not seen as a barrier. "We're used to traveling to Huntington. We make it a date."

Caregiver Experiences

Nearly all participants were a caregiver, either for children, older parents, or other extended family. When asked what makes it easier to be a caregiver, participants cited the following:

- Area Agency on Aging
    - "They didn't make me feel like less of a person for needing help."
- Medical Power of Attorney
- Known relationship with healthcare providers
    - "When I call for my mom, they know who I am."

When asked what makes it harder to be a caregiver, participants cited the following:

- Lack of balance for the stresses and commitments of caregiving
    - "The last person you take care of is yourself."
    - "That's why I don't have a full-time job. We got to that point."
    - "If you have helpers, that's great, but if you don't it wears on you physically and mentally."
- Difficulty finding community caregiver support
    - "If you have an older parent who needs 24-hour care and they don't want to go to a facility, it's hard to find help."
    - "I don't know what questions to ask. I don't know what resources are out there."
    - "Private pay services are expensive."
    - "It's hard to find trustworthy people."
- Navigating the healthcare system (e.g., HIPAA, insurance, scheduling appointments)
    - "Because of HIPAA, I can't schedule appointments for my adult children or follow up on their behalf."
    - "It would be helpful to schedule all appointments in a single day versus taking multiple days off. Eighty percent of my PTO was used for my mother's appointments."
    - "Insurance is probably the most frustrating part. Medicare wouldn't allow for same day specialty referral."

Community Perceptions

When asked if their community is healthy, participants generally felt that it has challenges, particularly around addiction and mental health, but that it's moving in the right direction.

- "It's better than some, worse than others."
- "We have more resources than people are aware of."
- "I don't know anyone who doesn't know someone who has suffered from addiction, but available resources are reducing stigma and providing valuable service."
- "We're on the right track because we're not just considering physical health. We're looking at mental and emotional health."
- "You're not ashamed to say you get help with mental health. The more we break down that wall, the healthier we will be."

To further community health, participants recommended unity in support for investments and programs for greater impact. They also recommended more support groups for mental health and addiction, greater focus on healthy activities (e.g., biking/walking trail, youth sports and clubs), and creating a welcoming community for kids to come back to after college.

Evaluation of Health Impact: 2019-2022 Community Health Improvement Plan Progress

In 2019, Pleasant Valley Hospital completed a CHNA and developed a supporting three-year Implementation Plan for community health improvement. The Implementation Plan outlined our strategies for measurable impact on identified priority health needs, including drug and alcohol use disorder, chronic disease, tobacco use, affordable prescription medications, and sedentary lifestyle.

Within six months of the release of the 2019 Implementation Plan, the COVID-19 pandemic shifted the priorities of our community and Pleasant Valley Hospital adapted our work to respond to the emergent needs of residents. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our communities.

Priority #1 – Drug and Alcohol Use Disorder

As part of the 2019-2022 Implementation Plan, PVH conducted the following programs and initiatives:

- Continued to implement substance use disorder education for emergency and trauma center staff and first responders.
- Developed BreakThru, an inpatient substance abuse recovery program which provides intake of patients beginning their recovery journey. A three (3) day inpatient hospital stay is followed by discharge into a longer-term outpatient treatment program.
- Hosted a substance use disorder (SUD) Awareness Day in the community. Various speakers representing community support organizations, recovery advocates, former substance abusers, and city/county/state leaders spoke about their experiences with SUD and how we as a community can “move the needle” towards improving resources in this area. In addition, community support organizations had tables to interface with participants.
- Maintained active participation and support for the Mason County Prevention Coalition. Together, both organizations work towards reducing or eliminating SUD, providing intervention strategies and advocating for recovery resources.
- Partnered with Cabell Huntington Hospital, Mason and Cabell County EMS, law enforcement representatives, community business leaders, community nonprofit agencies, and elected officials to provide overdose reversal medication to first responders.
- Continued to implement GuideMed to help providers monitor controlled medications, meet opioid prescribing rules and best practices, and assist patients connect with treatment as needed.

Program and Strategy Highlights:

BreakThru is a medical withdrawal management service located within Pleasant Valley Hospital. Clients who have problems with drugs or alcohol are medically stabilized and managed on a medical/surgical unit, just like any other patient recovering from surgery or other medical conditions, preserving dignity and confidentiality.

Using a multidisciplinary team approach, withdrawal symptoms and medical comorbidities are medically managed throughout the withdrawal period, ensuring safe and effective medical outcomes.

We offer an innovative medical collaboration between the hospital and community referral partners so that we can establish a personalized aftercare discharge plan. Clients are then followed for one year to determine recovery outcomes.
BreakThru is devoted to focusing on integrity and quality to create a healthier and better life for those impacted by substance use and/or abuse.

BreakThru Goals

- Provide a safe withdrawal
- Reduce immediate withdrawal symptoms
- Prevent complications
- Provide withdrawal management that preserves the patient's dignity
- Establish the immediate aftercare discharge plan
- Measure patient outcomes

Priority #2 – Chronic Disease

As part of the 2019-2022 Implementation Plan, PVH conducted the following programs and initiatives:

- Partnered with Cabell Huntington Hospital and Marshall University Joan C. Edwards School of Medicine to continue to add key medical services to meet the unique needs of the community.
- Recruited and/or signed twenty-four (24) physicians/providers encompassing the following specialties: Behavioral Health, Emergency Medicine, ENT, Family Medicine, Gynecology, Hematology/Oncology, Hospitalist Medicine, Internal Medicine, Neurology, Podiatry, Pulmonary Medicine, and Urology. These physicians and providers all have patients experiencing some form of chronic disease.
- Recruited an endocrinology and rheumatologist.
- Established inpatient dialysis for patients experiencing chronic kidney or renal disease.
- Developed a diabetes clinic.
- Provided diabetic and weight loss education, led by a Registered Dietician.
- Sponsored community health events and fairs to provide the community with chronic disease education and free screenings.
- Sponsored the Mason County Comprehensive Healthy Kids Program, providing medical care at Ashton Elementary, Beale Elementary, Hannan Junior Senior High, Leon Elementary, Mason County Career Center, New Haven Elementary, Point Pleasant Intermediate, Point Pleasant Primary, Roosevelt Elementary, and Wahama Junior Senior High School.

Program and Strategy Highlights:
The Mason County Comprehensive Healthy Kids Program goes beyond meeting students' immediate medical needs. When students don't have to miss school for regular doctor's appointments, their classroom behavior and attendance improve, and dropout rates are reduced. Parents no longer have to

miss work or coordinate travel to give their children the medical attention they need. Prescriptions are delivered electronically to each child's preferred pharmacy, allowing instant and convenient access to the appropriate medicines and treatments. Most importantly, the program keeps at-risk children from slipping through the cracks.

Led by a certified nurse practitioner and support staff, providers offer sports physicals, annual well child visits, immunizations, diagnostic screening exams, dietitian consultations and pre-enrollment checks. They also treat minor illnesses and injuries and provide prenatal care to expectant mothers, improving school attendance and classroom success. With an emphasis on injury prevention and education, they perform baseline concussion testing and helmet fittings for young athletes, conduct CPR certification and ATV safety courses and offer drug prevention programs for students of all ages.

The nurse practitioner serves school faculty and staff as well. With access to the full range of services and programs led by the highly specialized physicians of Pleasant Valley Hospital, Cabell Huntington Hospital and Marshall Health, students and faculty throughout Mason County have the opportunity to receive state-of-the-art care in a familiar, convenient setting.

Priority #3 – Tobacco Use

As part of the 2019-2022 Implementation Plan, PVH conducted the following programs and initiatives:

- Continued advocacy for the elimination of smoking in public spaces, as well as public education about the dangers of tobacco use.
- Since 2013, maintained a "Tobacco Free" campus and offered low-dose CT lung cancer screenings for those patients who have a history of smoking.
- Partnered with the Mason County Health Department to provide tobacco education and cessation programming in the community.
- Maintained inpatient and outpatient tobacco cessation programs at the hospital.

Priority #4 – Affordable Prescription Medications

As part of the 2019-2022 Implementation Plan, PVH conducted the following programs and initiatives:

- Participated in the federal government 340B Pharmacy Program, allowing the hospital to provide discounted prescriptions to eligible patients that receive a covered service.
- Prescription coupon and rebate promotions were highlighted during health fairs and supported by a key community partner, Fruth Pharmacy.

Priority #5 – Sedentary Lifestyle

As part of the 2019-2022 Implementation Plan, PVH conducted the following programs and initiatives:

- Interfaced with the community on a regular basis to promote health and wellness activities, including: "Biggest Loser" competitions, Get Up and Go Program, school-based clinics that encourage physical activity, industry health events designed to encourage taking charge of one's health, Ladies Night Out, and the annual Outdoor Youth Expo.
- Hosted community-wide health fairs and screenings.

- Provided the Wellness Center, offering fitness and wellness classes for the community.
- Sponsored community events and programs to promote physical activity, including 5k runs.

Program and Strategy Highlights:
The Wellness Center offers a wide selection of activities geared to those ages 8 years of age and older including: cardio kickboxing, circuit fitness, aerobics, and more at affordable rates. Aerobic classes are free to the community every Tuesday and Thursday. Primary Care Providers recommend patients join the Wellness Center and work with a personal trainer.

The hospital sponsors a fitness program for Mason County students that promotes an active lifestyle and improves childhood obesity. The Git Up and Go program is available for all Mason County 3rd, 4th, 5th, and 6th grade students. All students participate to win Skyzone tickets, trophies, and special trips to an area gymnastic center.

COVID-19 Response

Pleasant Valley Hospital has supported clients throughout the pandemic, providing financial assistance, education, and social and emotional support, among other items. The following is a list of services provided by the hospital in response to COVID-19:

- Partnered with community agencies to provide COVID disease and vaccination education.
- Provided COVID-19 screening and testing, including a drive-thru option.
- Provided health education resources for those testing positive.
- Provided active inpatient and outpatient care for those diagnosed with COVID-19.
- Maintain an internal and external COVID-19 dashboard depicting testing volume, case positivity rates, and number hospitalized.
- Supported the county mass vaccination clinics.

Pleasant Valley Hospital welcomes your partnership to meet the health and medical needs of our community. We know we cannot do this work alone and that sustained, meaningful health improvement will require collaboration to bring the best that each of community organizations has to offer. To learn more about PVH's community health improvement work or to discuss partnership opportunities, please visit our website at pvalley.org.

2022-2025 Community Health Improvement Plan

Pleasant Valley Hospital developed a three-year Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across their service area. The CHIP builds upon previous health improvement activities, while recognizing new health needs identified in the 2022 CHNA, a changing healthcare environment, and the impact of the COVID-19 pandemic. The CHIP will align with the PVH Strategic Plan and will support and promote health equity for our community.

The 2022-2025 CHIP was developed in partnership with Mountain Health Network to support systemwide priority areas and goals for health improvement, and to leverage collective system resources.

Priority Area: Behavioral Health

Goal: Strengthen and support community initiatives that provide equitable and sustainable access to resources that address the unique behavioral health needs of all residents.

Objectives and Strategies:

- Objective: Increase awareness of behavioral health to reduce stigma and fear of seeking treatment.
    - Explore opportunities to conduct universal screenings in healthcare settings to identify individuals with behavioral health conditions.
    - Support, promote, and participate in community behavioral health awareness and training efforts.
- Objective: Increase the capacity of community agencies and providers to identify and respond to behavioral health concerns, targeting at-risk populations.
    - Partner with area schools and continue leading the Mason County Comprehensive Healthy Kids Program to provide youth behavioral health education and resilience activities and support service referrals.
    - Partner with senior centers and low-income housing communities to provide older adult behavioral health education and resilience activities and support service referrals.
    - Provide community-wide training for behavioral health including Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA).
- Objective: Improve access to behavioral health treatment and services.
    - Develop and start offering behavioral health inpatient (consultations) and outpatient services to patients experiencing behavioral health issues or concerns.

Priority Area: Substance Use Disorder

Goal: Strengthen and support community initiatives that provide equitable and sustainable access to resources that address the unique substance use disorder (SUD) needs of all residents.

Objectives and Strategies:

- Objective: Increase awareness of SUD to reduce stigma and fear of seeking treatment.
    - Explore opportunities to conduct universal screenings in healthcare settings to identify individuals with SUD conditions.
    - Support, promote, and participate in community SUD awareness and training efforts.
- Objective: Improve access to SUD treatment and recovery services.
    - Continue to provide BreakThru, a medical withdrawal management service for individuals taking the first steps to recovery.
    - Explore development of a comprehensive assessment, education, intervention, and addiction treatment solution, similar to the PROACT model in Huntington, WV.
    - Explore opportunities to expand Medication-Assisted Treatment (MAT) services within the community.
    - Reinstitute GuideMed to help providers monitor controlled medications, meet opioid prescribing best practices, and assist patients connect with treatment as needed.
    - Partner with community agencies to distribute overdose reversal medication.

Priority Area: Chronic Disease Prevention and Management

Goal: Achieve equitable life expectancy and quality of life for all people by ensuring residents have the resources they need to maintain their health.

Objectives and Strategies:

- Objective: Support and build a sustainable healthcare workforce.
    - Explore youth internship and mentoring opportunities to foster interest in healthcare professions.
    - Partner with area schools and business / economic development agencies to establish career development programs in healthcare.
- Objective: Increase access to traditional and alternative (community, and technology-based) places people can access healthcare, and the number of residents with a medical home.
    - Advocate for more public transportation stops at healthcare facilities.
    - Expand equitable access to telehealth visits by increasing technology know-how and use of telehealth among priority populations.
    - Explore partnerships with churches, libraries, and employers to bring health and social services directly to communities.
    - Partner with Mountain Health Network (MHN) to continue to expand specialty care services.
    - Continue to provide health insurance enrollment services for uninsured residents.

- Continue sponsoring the Mason County Comprehensive Healthy Kids Program, providing medical care at area schools for students and staff.

- Objective: Reduce disparities in chronic disease prevalence and death rates, through provider recruitment, service line expansion, and various health and wellness initiatives.
  - Provide diabetic and weight loss education, led by a Registered Dietician.
  - Provide smoking cessation programming in partnership with the Mason County Health Department.
  - Continue operation of the Wellness Center, offering fitness and wellness classes for the community.
  - Strengthen and support community organizations addressing key social determinants of health barriers, including healthy food access and affordability.
  - Support early health education opportunities for youth in partnership with school district(s).
  - Support, promote, and participate in community health events, including free or discounted screenings, education, and wellness programs.

Pleasant Valley Hospital was built by the community for the community. The hospital is committed to providing community-oriented healthcare and to partnering with area stakeholders to help residents maintain and improve their health. Pleasant Valley Hospital will continue to assess the needs of community residents to focus health improvement efforts where they can have the greatest impact on the service area.

We invite our community partners to learn more about the CHNA and opportunities for collaboration to address identified health needs. Please visit our website to learn more: pvalley.org.

Appendix A: Public Health Secondary Data References

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Appendix B: Key Stakeholder Survey Participants

- APG Polytech, LLC, Occupational RN
- Belt Transfer Company Inc., General Manager
- County Commission, Commissioner
- County Government, Clerk
- Farmer's Feed of Ripley, Inc., Owner
- First Federal Savings & Loan Association, Managing Officer
- Homestead Realty, Broker/Owner
- Homestead Realty, Realtor
- Jackson County Chamber of Commerce, Inc., Secretary/Co-Treasurer
- Jackson County Developmental Center, Inc., Executive Director
- Main Street Point Pleasant, Executive Director
- Marshall University - CBER, Director of Research
- Mason County Action Group, Inc., Executive Director
- Mason County FRN, Executive Director
- Mason County Health Department, Public Health Nurse
- Mason County Health Department, Public Health nurse
- Mason County Health Department, RN
- Mason County Library System, Director
- McDonalds, Store Manager
- NAPS, Chief CRNA
- Peoples Bank, Manager
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Physician
- Pleasant Valley Hospital, Nurse/LPN, Office lead
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Administrative Assistant
- Pleasant Valley Hospital, Occupational Therapy Assistant
- Pleasant Valley Hospital, Biller
- Pleasant Valley Hospital, Staff RPh
- Pleasant Valley Hospital, Housekeeper
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Family Nurse Practitioner
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Staff
- Pleasant Valley Hospital, Marketing Coordinator
- Pleasant Valley Hospital, N/A
- Pleasant Valley Hospital, Rehabilitation Secretary
- Pleasant Valley Hospital, MD
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Housekeeper

- Pleasant Valley Hospital, Patient Access Rep
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Employee
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Authorization Specialist
- Pleasant Valley Hospital, OTR/L
- Pleasant Valley Hospital, Case Management Assistant
- Pleasant Valley Hospital, Secretary of Plant Operations
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Pharmacist
- Pleasant Valley Hospital, Lead Physical Therapist
- Pleasant Valley Hospital, Clinical team member
- Pleasant Valley Hospital, Undisclosed
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Licensed Practice Nurse
- Pleasant Valley Hospital, Patient Access Rep
- Pleasant Valley Hospital, Scheduling
- Pleasant Valley Hospital, Pharmacy Buyer/340B Analyst
- Pleasant Valley Hospital, Sr Systems Administrator
- Pleasant Valley Hospital, N/A
- Pleasant Valley Hospital, Respiratory Therapist
- Pleasant Valley Hospital, IT
- Pleasant Valley Hospital, Provider
- Pleasant Valley Hospital, CMA
- Pleasant Valley Hospital, Nursing Supervisor
- Pleasant Valley Hospital, Patient Access Rep
- Pleasant Valley Hospital, Pharmacy Director
- Pleasant Valley Hospital, Director of Oncology
- Pleasant Valley Hospital, Director
- Pleasant Valley Hospital, Chief Nursing Officer
- Pleasant Valley Hospital, Chief Financial Officer
- Pleasant Valley Hospital, Director of Telemetry/Med surg, Swing Bed Unit
- Pleasant Valley Hospital, Support
- Pleasant Valley Hospital, Director of Quality and Accreditation
- Pleasant Valley Hospital, Management
- Pleasant Valley Hospital, Director
- Pleasant Valley Hospital, Director
- Pleasant Valley Hospital, Human Resources
- Pleasant Valley Hospital, Executive Director Marketing and Business Development
- Pleasant Valley Hospital, Chief Operating Officer
- Pleasant Valley Hospital, Chief Executive Officer
- Pleasant Valley Hospital, Director of Laboratory Services
- Pleasant Valley Hospital, Attending Physician
- Pleasant Valley Hospital, Registered Nurse

- Pleasant Valley Hospital, Physical Therapist
- Pleasant Valley Hospital, Physical Therapist
- Pleasant Valley Hospital, Telemetry tech
- Pleasant Valley Hospital, CMA
- Pleasant Valley Hospital, Registered Nurse
- Pleasant Valley Hospital, Director
- Pleasant Valley Hospital, Director
- Pleasant Valley Hospital, Controller
- Pleasant Valley Hospital Nursing, Registered Nurse
- Pleasant Valley Hospital Sports Medicine, Athletic Trainer
- Pleasant Valley Hospital Surgical Associates, Certified Medical Assistant
- Pleasant Valley Hospital Therapy, SLP
- Pleasant View Professional Counseling, LLC, Counselor/Clinical Director
- RHC, operator
- Solid Rock Studios, Owner
- Southwestern Community Action Council, Inc., Director of Homeless Services - Mason County
- The Ohio Valley Bank Co., Executive Vice President - Lending/Credit
- The Point Pleasant Register, Advertising Director
- Twin Rivers Tower, Manager
- Wilcoxen Funeral Home, Funeral Director/Manager
- Women's Services, Patient Access Clerk

Appendix C: Community Partner Meeting Attendees

- Rachel Aileen, Marketing and Community Relations Coordinator, Pleasant Valley Hospital
- Annette Boyles, Business Community / Board Member, Pleasant Valley Hospital
- Tracy Call, Executive Director Marketing and Business Development, Pleasant Valley Hospital
- Nora Gibbeaut, Volunteer Services, Pleasant Valley Hospital
- Rick Handley, Commissioner, Mason County
- Sharon Justus, Real Estate Agent, Homestead Realty
- John Musgrave, Director, Mason County Economic Development Authority
- Jeff Noblin, Chief Executive Officer, Pleasant Valley Hospital
- Leign Ann Shepard, City Council, City of Point Pleasant / First Vice President, City National Bank
- Amber Tatterson, City Clerk, City of Point Pleasant